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ABSTRACT

This report presents the analysis and results of a survey of states' progress in meeting the goals and objectives of their state action plans on the health care of incarcerated youth. The survey questioned 48 juvenile justice professionals, health care professionals, and university faculty from across the nation concerning state progress toward action plan objectives, barriers to progress, youth health problems, and target population. It found that 1 respondent reported meeting all of the state action plan objectives, 28 respondents reported meeting some of the objectives, and 7 reported meeting none of the objectives The bulk of the report consists of 1- or 2-page listings for each state which outline incarcerated youth health care goals, objectives, program action, community actions, state actions, accomplishments, current initiatives, and contact persons for each state, the District of Columbia, and the Virgin Islands. A copy of a follow-up survey is included. (MDM)

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Health Care
of Incarcerated Youth

State Programs & Initiatives

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of Incarcerated Youth

State Programs & Initiatives

By Linda S. Thompson, M.S.N., Dr.P.H.
and Paula M. Sheahan

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8201 Greensboro Drive, Suite 600
McLean, Virginia 22102
(703) 821-8955, exts. 254 or 265
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FOREWORD

Health Care of Incarcerated Youth: State Programs and Initiatives is the final report in a series of publications funded by the Maternal and Child Health Bureau (MCHB) addressing the health needs of incarcerated youth. This report presents the results and the analysis of a survey of states' progress in meeting the goals and objectives of their state action plans developed during the 1991 Tri-Regional Workshops on the Health Care of Incarcerated Youth.

Significance of the issue. More than 2 million children and adolescents in this country are arrested each year, and more than 600,000 are incarcerated in juvenile or adult correctional facilities. Most of these youth have not committed violent or serious crimes; many are victims of poverty and neglect, suffering from undiagnosed or untreated physical and emotional disorders. Many of these young people suffer from physical, psychological, or sexual abuse. These children and adolescents enter the juvenile justice system with a host of health care problems, including respiratory disorders, depression, addiction to alcohol or other drugs, HIV infection, and sexually transmitted diseases. Their involvement in the court system further separates them from mainstream health care.

Strategies and resources. The Maternal and Child Health Bureau has focused national attention on the health status of incarcerated youth, and has devoted significant resources to improving the health of this vulnerable young population. MCHB has convened national and regional conferences on the health needs of incarcerated youth, has guided collaborative efforts to develop partnerships between juvenile justice and health care professionals, has produced books and other materials informing a range of audiences about the health status of incarcerated youth, and continues to fund model demonstration and training programs to improve health care for these youth.

Conferences and collaboration. During 1988–89, the Maternal and Child Health Bureau sponsored a two-part national conference entitled "The Forgotten Child in Health Care: Children in the Juvenile Justice System." Held on the east and west coasts, this conference signified the first national approach to defining the health characteristics of incarcerated youth, exploring interrelationships between the roles and responsibilities of Title V professionals and those of juvenile justice professionals, and promoting interdisciplinary collaboration between child advocates and key state policymakers in child health and juvenile justice.

Subsequently, the Maternal and Child Health Bureau developed and sponsored three workshops, the 1991 Tri-Regional Workshops on the Health Care of Incarcerated Youth (held in San Diego, Birmingham, and Philadelphia). These workshops helped to unify interagency collaboration and to promote closer working relationships between juvenile justice professionals and health care specialists within each state. All states were represented at these working meetings and each developed a state action plan.

Publications. The reports of these national and regional conferences on incarcerated youth have been published by the National Center for Education in Maternal and Child Health. Based on the east-west national conference, *The Forgotten Child in Health Care: Children in the Juvenile Justice System* (1991) is the first publication in the series. The three regional conferences resulted in the second report,

Health Care of Incarcerated Youth: Report from the 1991 Tri-Regional Workshops (1991). As noted earlier, *Health Care of Incarcerated Youth: State Programs and Initiatives* is the third and final report in the series.

In addition to this series, the Maternal and Child Health Bureau has funded other publications on the health of incarcerated youth, including *Hard Time, Healing Hands: Developing Primary Health Care Services for Incarcerated Youth* (1993). This definitive publication addresses a range of health issues affecting incarcerated youth (e.g., violence, alcohol and other drug abuse, chronic illness, mental health, sexually transmitted diseases), as well as legal issues, training, and financing.

Model programs. The Maternal and Child Health Bureau continues to fund a number of projects that focus on the health needs of incarcerated youth. These projects, among the special projects of regional and national significance (SPRANS) funded by MCHB, serve as multidisciplinary demonstration and training programs—model programs for states and communities attempting to address the health needs of these youth. The programs focus primarily on the needs of young African American males and other minority youth involved with the juvenile justice system. (Young males of color in this country are disproportionately represented in two special populations—those at risk for serious health problems, and those involved with the juvenile justice system.)

A decade of commitment. The Maternal and Child Health Bureau has consistently created and supported strong partnerships between providers of public health services and the juvenile justice system. For more than a decade, MCHB's initiatives have exemplified its commitment to improving the present and future health and well-being of incarcerated youth. It is our hope that state and regional leaders in maternal and child health programs, juvenile justice advisory groups, and juvenile justice agencies will continue to work together to improve the delivery of health services to children and youth in the juvenile justice system.

Audrey H. Nora, M.D., M.P.H.
Director, Maternal and Child Health Bureau
Assistant Surgeon General

ANALYSIS

Introduction

Children and adolescents incarcerated in juvenile justice facilities in this country frequently fail to receive their full entitlement of health care services. The morbidities affecting children and adolescents—especially minority youth—often are not addressed when these youth are incarcerated in juvenile correctional institutions. There may be several root causes for this neglect. First, standards for health care services in correctional settings for these young people have been developed but not widely adopted. Second, health services often are provided on a limited basis or by clinicians with minimal training in correctional health and adolescent medicine. Third, service providers are not sensitive to the ethnic and cultural concerns of the population. Finally, financing of needed health care in correctional settings is problematic for many jurisdictions.

In response to the health care needs of incarcerated youth, the Maternal and Child Health Bureau (MCHB) sponsored a series of national and regional conferences on the health service needs of this vulnerable population. This report is based on responses to a follow-up survey of workshop participants on current state and regional activities to improve the health status of incarcerated youth. We intend this report to serve as a resource and reference guide in planning future health care programs for incarcerated youth.

Through a national survey of participants who attended workshops on the health care of incarcerated youth, respondents reported on their progress in meeting the state action plans developed at the workshops, sources of funding for health care services, current delivery of primary health care services, identified leading health care problems and barriers to the delivery of health care services, and current initiatives aimed at improving the health care of incarcerated youth.

Background

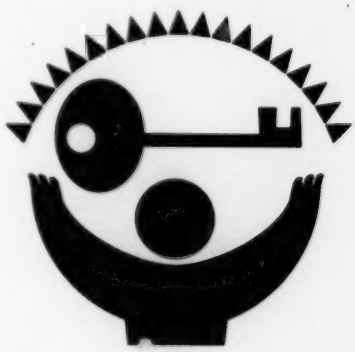
The Maternal and Child Health Bureau (MCHB), U.S. Department of Health and Human Services (DHHS), convened the Tri-Regional Workshops on the Health Care of Incarcerated Youth to increase awareness of the health needs of incarcerated youth and promote interdisciplinary collaboration in providing health care to this population. Held in San Diego, California, Birmingham, Alabama, and Philadelphia, Pennsylvania, in 1991, the workshops brought together representatives of professional and lay organizations; child health and juvenile justice professionals; local, state, and federal governments; and child advocacy groups.

At the workshop, work groups were charged with identifying and prioritizing state action plans to improve health care for incarcerated youth. These action plans, published in *Health Care of Incarcerated Youth: Report from the 1991 Tri-Regional Workshops* (1991), were organized into three areas: program level, community level and state level.

The quality of primary health care services for incarcerated youth has continued to improve since the 1991 report. In order to ensure that all juvenile justice facilities meet minimum standards of practice, the Maternal and Child Health Bureau requested that the National Center for Education in Maternal and Child Health (NCEMCH) publish a report on the progress that states have made in meeting their objectives for improving the health status of incarcerated youth. It is hoped that this report will stimulate interest in and serve as a resource for the planning of future programs to improve the health status of incarcerated youth.

Methodology

The National Center for Education in Maternal and Child Health staff, in consultation with Maternal and Child Health Bureau staff and consultants, developed a survey designed to record each state's progress toward meeting action objectives, to identify barriers to meeting the objectives, to describe primary health care services and their sources of funding, to list the leading health care problems of incarcerated youth, and to name current initiatives to improve the health care of incarcerated youth. The questionnaire was designed to obtain descriptive information of current programs and activities (*see* survey, page 98).



In January 1992, each participant in the tri-regional workshops received a survey. The purpose of the survey was to gather in-depth descriptive data to (1) increase our understanding of the health problems occurring within juvenile justice populations and the types of health services available to

Figure 1
Survey Respondents by Public Health Region

those youth, (2) determine the progress that states have made in meeting action objectives for improving health care services, and (3) identify barriers to and incentives for designing health care programs for incarcerated youth.

Results

A total of 48 respondents from every public health service region of the country completed and returned the survey instrument (*see* Figure 1). For states that did not return a survey, we are including their state action plans developed at the tri-regional workshops. The largest percentage of respondents were from Regions III and IX (18.8 percent), followed by Regions I, VI, and X (10.4 percent).

The largest proportion of the respondents were juvenile justice professionals (38 percent), followed by maternal and child health professionals (31 percent), followed by university faculty or staff (17 percent) (*see* Figure 2).

The majority of survey respondents (78 percent) reported meeting some of the state action plan objectives (*see* Figure 3). Close to 20 percent of the respondents reported meeting none of the objectives and one respondent reported meeting all of their objectives.

Thirty-five percent of respondents cited timing as the number one barrier to meeting state action plan goals and objectives (*see* Figure 4). The second major barrier reported to meeting their identified goals and objectives was lack of or poor collaboration (24 percent), followed by economic problems within the state (22 percent).

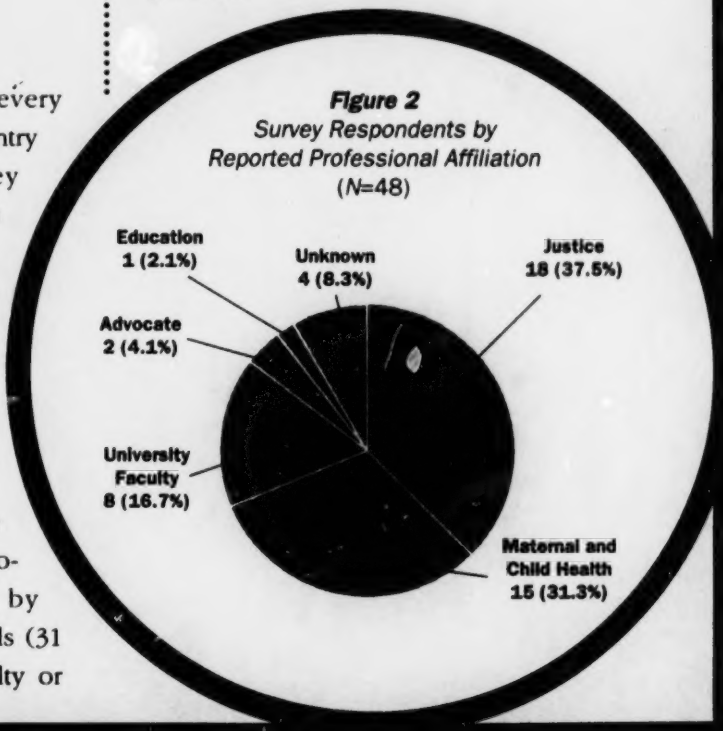


Figure 2
Survey Respondents by Reported Professional Affiliation
(*N*=48)

Figure 3
State Action Plan Objectives Met
(*N*=36)

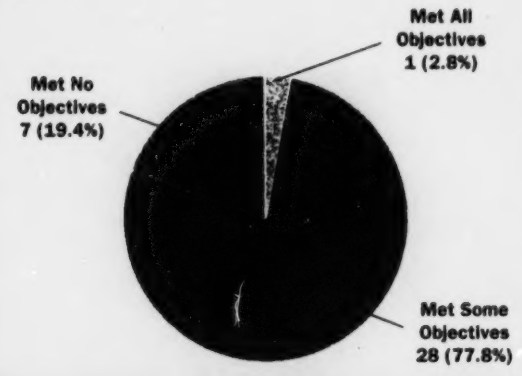
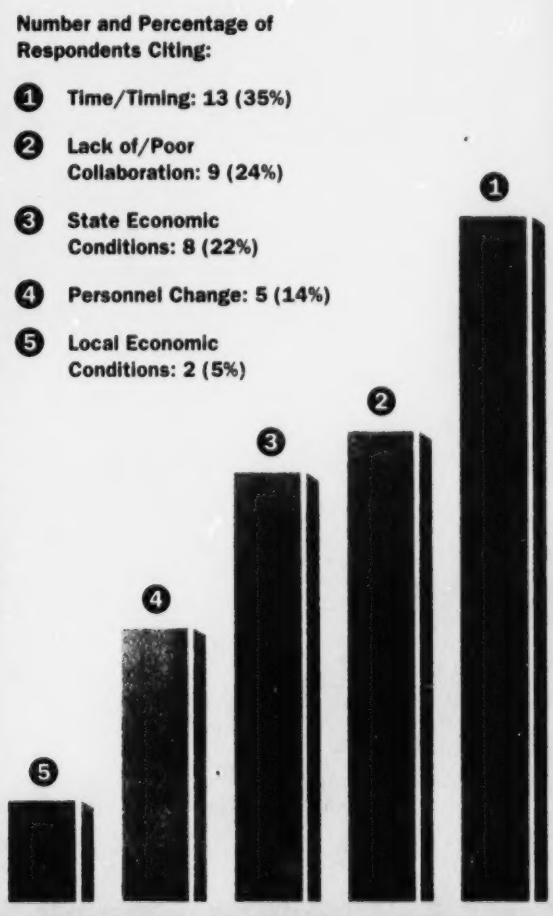


Figure 4
Five Main Barriers to Meeting State Action Plan Objectives
(*N*=37)


Number and Percentage of Respondents Citing:
1 Time/Timing: 13 (35%)
2 Lack of/Poor Collaboration: 9 (24%)
3 State Economic Conditions: 8 (22%)
4 Personnel Change: 5 (14%)
5 Local Economic Conditions: 2 (5%)

The tri-regional distribution of the level and type of reported goals and objectives met by the respondents reveals that at the program level, all areas focused on increasing collaboration/coordination, developing standards for services to youth, increasing training efforts, and establishing statewide networks to review local, state, and national regulations (*see* Figure 5). Goals and objectives met by all areas at the community level focused on establishing a coalition of state and private advocacy groups. At the state level, all areas reported enhancing communication and collaboration between agencies.

When asked to identify the age and sex of the population served, a majority of respondents said that they provided services to youth between the ages of 13 and 15 years (70 percent) (*see* Figure 6). Sixty-nine percent of the respondents reported providing services to youth ages 16 to 18 years. Only 20 percent of the respondents reported providing services to youth under the age of 10 years. Over 60 percent of the respondents reported providing services to both males and females.

The leading reported health care problem among incarcerated youth was sexually transmitted diseases (25 percent), followed by substance abuse (21 percent), dental problems (19 percent), and mental health problems (19 percent) (*see* Figure 7).

The primary providers of acute and episodic care to incarcerated youth are family practitioners (*see* Figure 8). The primary providers of outpatient specialty care are University/Medical School Departments.

The most frequently reported barrier to providing primary health care services to incarcerated youth was lack of qualified staff or providers (22 percent). The next most frequently reported barrier was difficulty in

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Figure 5
Reported Action Objectives Met by Level

Program Level

Increase collaboration/coordination between agencies.

Develop standards for serving youth who are detained and incarcerated.

Establish a statewide network to review local, state, and national regulations and recommend change.

Community Level

Develop reciprocal working relationships between local universities to provide health care services to incarcerated youth.

Develop a network with other state and local agencies.

Increase community awareness of the health and social needs of incarcerated youth.

State Level

Encourage state Advisory Committee to include health issues on their planning agenda.

Explore alternate methods of funding programs for youth.

Enhance communication and collaborations among agencies.

Figure 6
Leading Health Problems of Youth

Health Problem	No.
STD	25%
Substance Abuse	21%
Gum/Dental	19%
Mental Health	19%
Asthma/Respiratory	11%
Injuries	8%
Lack of Preventive Health	8%
AIDS/HIV	8%
Dietary	8%
Pregnancy/Reproductive	8%

Note: Numbers add up to more than 100% because more than one selection per respondent was possible.

Figure 7
Target Population Served, by Age

	#	%
Under 10 years	11	20
Between 10 and 12 years	25	45
Between 13 and 15 years	36	70
Between 16 and 18 years	35	69
Over 18 years	14	25

finding providers "willing to provide health care services" (20 percent) (*see* Figure 9).

Current initiatives aimed at improving the health care of incarcerated youth are categorized in the following ways: education and training of professionals, juveniles, and public; health care services; and system reform or change (*see* Figure 10). The most frequently reported type of initiative was aimed at education and training, followed by system reform or change.

Summary

Findings from this report indicate that only one respondent reported meeting all of their goals and objectives planned during the regional workshops. Several barriers were reported that prevented participants from meeting their goals and objectives. These barriers included timing, lack of (or poor) collaboration, and economic problems. Among respondents reporting some success in meeting their goals and objectives, areas of success focused on collaboration/coordination, standards development, training, and establishing statewide networks.

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Figure 8
Providers of Primary Care to Youth

	Primary Care (rank)	Outpatient Specialty Care (rank)
Health Department Clinics	3	3
Community Health Centers	3	3
Public Hospital Outpatient Departments	6	8
Private Hospital Outpatient Departments	0	0
Private Pediatricians	3	5
Private Family or General Practitioners	8	3
Health Maintenance Organizations	0	0
University/Medical School Departments	5	9
Other	9	1

The population served by juvenile justice agencies included both males and females ranging in age from 10 to 18 years. The leading health care problems named were similar to other studies and included sexually transmitted diseases, substance abuse, dental problems, and mental health problems.

A significant number of respondents reported health care problems among the juvenile justice population, and close to 50 percent reported barriers to providing health care services. The two primary barriers were lack of qualified health care staff, and difficulty in finding providers "willing to provide services to the population."

Figure 9
Barriers to Primary Health/Providers

Lack of Qualified Staff/Providers	22
Finding Providers Willing to Provide Health Care	20
Access	7
Lack of Comprehensive Health Care	7
Training/Supervision of Staff	7
Location	5

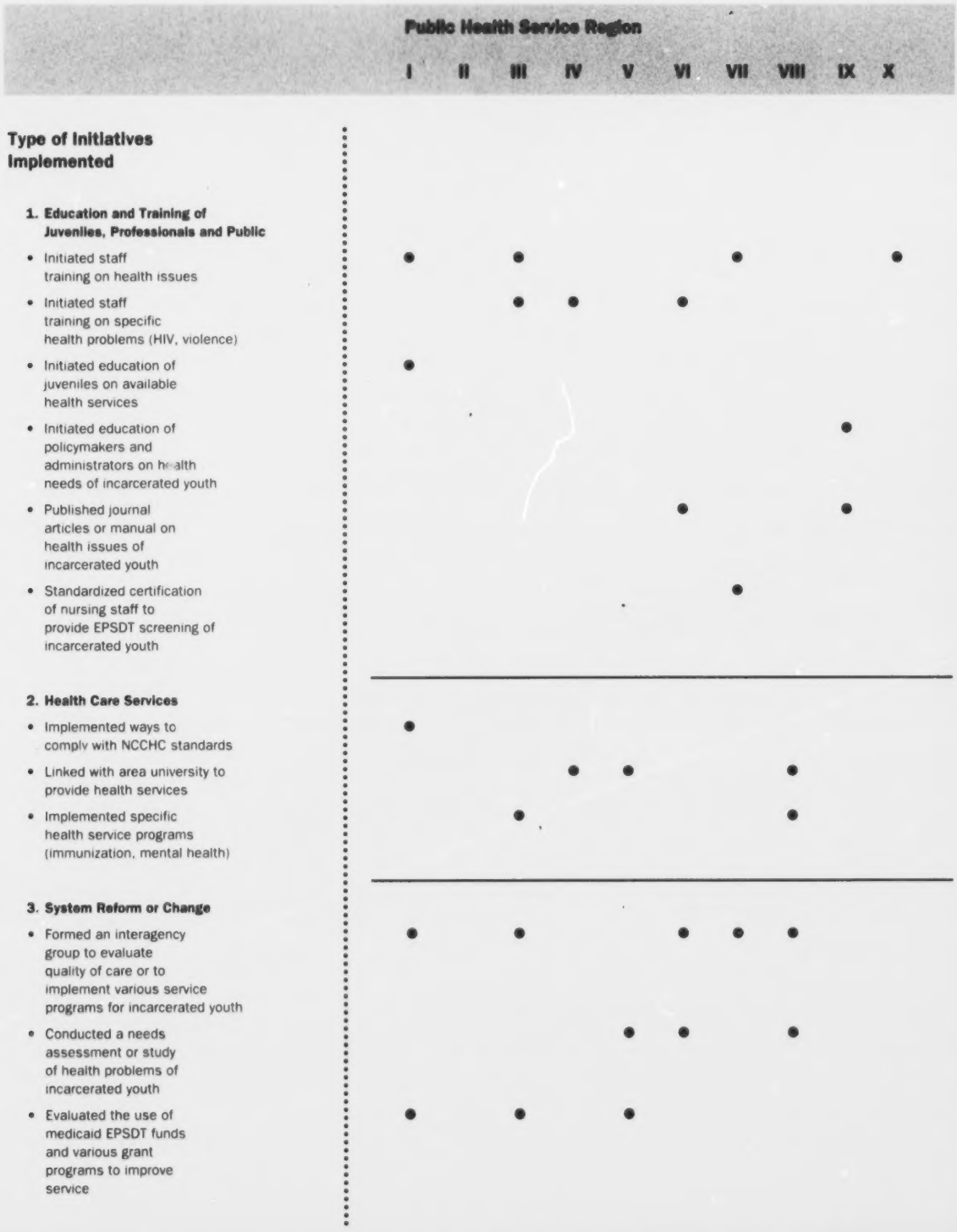
Only one region (Region II) failed to report a current initiative to improve the health status of incarcerated youth. The most frequently reported initiative was the formation of an interagency group to either evaluate or implement programs.

Future Directions

Children and adolescents in the juvenile justice system are an underserved group in the health care system. This paucity of health services is particularly unsettling given that these youth are at especially high risk for poor health and neglected medical problems, such as poor nourishment and dental hygiene, learning disorders, and asthma. In addition, delinquent youth are sexually active at a considerably younger age than their nondelinquent peers, putting them at greater risk for sexually transmitted disease and early pregnancy. They are also disproportionately more likely to suffer from serious mental health disorders and substance abuse, and to have been victims of child maltreatment and family violence.

There have been attempts to improve health care services. For the last five years, the Maternal and Child Health Bureau has devoted considerable time and resources to addressing the particular needs of children in the juvenile justice system through a series of

Figure 10
Type of Initiatives Implemented to Improve the Health Status of Incarcerated Youth


Public Health Service Region
I II III IV V VI VII VIII IX X
Type of Initiatives Implemented
1. Education and Training of Juveniles, Professionals and Public
• Initiated staff training on health issues
• Initiated staff training on specific health problems (HIV, violence)
• Initiated education of juveniles on available health services
• Initiated education of policymakers and administrators on health needs of incarcerated youth
• Published journal articles or manual on health issues of incarcerated youth
• Standardized certification of nursing staff to provide EPSDT screening of incarcerated youth
2. Health Care Services
• Implemented ways to comply with NCCHC standards
• Linked with area university to provide health services
• Implemented specific health service programs (immunization, mental health)
3. System Reform or Change
• Formed an interagency group to evaluate quality of care or to implement various service programs for incarcerated youth
• Conducted a needs assessment or study of health problems of incarcerated youth
• Evaluated the use of medicaid EPSDT funds and various grant programs to improve service

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national and regional conferences and publications. MCHB also established as a funding priority demonstration projects to improve the health of incarcerated youth and subsequently funded community-based demonstration programs for youth who are in contact with the juvenile justice system. All of these activities have served to create partnerships between providers of public health services and juvenile corrections.

Nevertheless, more attention must be paid to the health and social needs of underserved groups of children and adolescents. This attention should focus on several areas. First, careful scrutiny must be given to the way health care services are organized and delivered to incarcerated children and youth. Next, educational programs preparing health care providers to care for children and adolescents must include content on high-risk groups. These professionals should receive content on the health issues of incarcerated youth and ways to tailor services to address their needs. Finally, attention must be paid to the need to alter the system of care for underserved children and youth. This would include doing the following: change legislative mandates; expand correctional standards to be performance or outcome based; enhance coordination of services for children; and enhance and expand community-based services for children and youth.

Recommendations

Here are several recommendations for states to adopt to improve the system of services for children and youth in the juvenile justice system.

States should design juvenile justice programmatic strategies that incorporate the public health approach. Programs should follow a continuum of services ranging from primary prevention to supportive and restorative programs. Juvenile justice professionals should form interdisciplinary teams that target at-risk children for primary prevention. Federal block grant funding should support programs that teach children social problem-solving skills and ways to cope with or resist peer pressure to engage in antisocial and problem behaviors.

States should design multidisciplinary approaches that coordinate services between agencies providing services to children. Multidisciplinary approaches should integrate youth correctional programs with health, mental health, social service, and educational or vocational programs.

All states should adopt strategies to improve the physical and mental health of the juvenile justice population. Many preexisting physical and mental health problems can be addressed when children and adolescents enter secure detention facilities. Standards of care exist and should be met through working relationships between the juvenile justice system, public health system, and academic medical care centers.

Health care professionals should assume a greater share of the responsibility for improving the quality of health care within juvenile justice facilities. This responsibility should include several areas. First is the provision of quality health care services to

children and adolescents in correctional facilities. Second is the analysis and evaluation of child and adolescent health status and maintenance of health care standards. Next is the education and training of juvenile justice professionals on child and adolescent health care needs, health assessment and disease prevention, and health promotion programs. The final area of responsibiltiy concerns advocacy for appropriate primary prevention and treatment services for at-risk youth; adequate financing; and legislative sentencing reform.

SECTION 2

STATE PROGRAMS & INITIATIVES

Alabama

Goals

Improve the health of adolescents involved with the juvenile justice system.

Goals Met: Met Some Goals

Objectives

1. Develop communication and teamwork among state and local agencies.
2. Develop communication and teamwork with the private sector.

Objectives Met: Met Some Objectives

Program Actions

1. Develop Individual Health Care Plan (IHCP), then create a mechanism to monitor and track IHCP.
2. Create an organizational chart that documents options once the juvenile is in the system.
3. Identify the current providers of health care to training schools.
4. Arrange a meeting with the president of state probation office.

Program Accomplishments

Developed an active coalition of adolescent health services, which is conducting a needs assessment for a statewide report.

Community Actions

1. Develop access to community mental health clinics.
2. Develop access to public health clinics.

Community Accomplishments

Maintained eligibility for Children's Rehabilitation Services (CRS) for incarcerated youth who have a medical diagnosis that meets the program's eligibility criteria (e.g., cerebral palsy, hemophilia).

State Actions

1. Develop lines of communication between state agencies including the Department of Youth Services, Children's Rehabilitation Services, Public Health, and Department of Human Resources.
2. Assess health care needs.
3. Make a concerted effort to have all facilities accredited.
4. Name a medical representative to the state advisory committee.

State Accomplishments

Developed better communication among some state agencies.

Current Initiatives

Children's Rehabilitation Services is offering community-based medical and habilitative services to children with special health needs, as well as coordination and support services to their families.

The Children's Hospital at the University of Alabama is negotiating with Medicaid to determine the eligibility of certain segments of this population.

Contact Information

Patsy Patton
State Supervisor
Planning/Program Development; Children's Rehabilitation Services
2129 East South Boulevard., P.O. Box 11586
Birmingham, AL 36111
(205) 281-8780
(205) 281-1973 fax

Ronald Feinstein, M.D.
Director, Division of Adolescent Medicine
Department of Pediatrics; Children's Hospital,
University of Alabama at Birmingham
1600 7th Avenue South, CHT-157
Birmingham, AL 35233
(205) 934-5262
(205) 934-1150 fax

Alaska

Goals

Standardize data collection for all juvenile institutions and programs.

Goals Met: There was no survey submitted for this state.

Objectives

1. Track the Alaskan youth population who are in juvenile services programs.
2. Identify, avoid, and eliminate overlapping of health services.
3. Identify gaps in information within the health delivery system.

Objectives Met: No response received.

Program Actions

No response received.

Program Accomplishments: No response received.

Community Actions

Locate and identify all systems (funding, services, education) that deliver health care to Alaskan youth.

Community Accomplishments: No response received.

State Actions

1. Educate the Juvenile Justice Advisory Committee about health care issues and needs of incarcerated youth.
2. Educate the Juvenile Justice Advisory Committee about the need to include health care issues as part of the juvenile justice agenda.
3. Identify all common data elements in juvenile institutions and youth services programs.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information

No survey submitted.

Arizona

Goals

1. Establish a network of communication between the personnel in juvenile corrections health services, health departments at the state and county levels, and community agencies.
2. Identify the health needs of the incarcerated youth population and the resources available to meet those needs.

Goals Met: Met Some Goals

Objectives

1. Initiate contact with appropriate personnel.
2. Provide quality health services to the incarcerated youth population.

Objectives Met: Met Some Objectives

Program Actions

1. Obtain support from the Arizona Department of Health Services in planning a meeting that will include representatives of this department, county health departments, county juvenile correction health services, and community agencies.
2. Develop a planning committee.
3. Secure financial support.
4. Schedule a date, time, and place for the meeting.
5. Review health records and documents that identify physical and mental health needs.

Program Accomplishments

Established the Arizona Adolescent Health Coalition, which improved communication and collaboration between agencies, groups, and individuals providing service to or working with adolescents; and completed a report on the Status of Adolescent Health in Arizona, including information about incarcerated youth.

Community Actions

Ensure that community agencies provide information on existing resources.

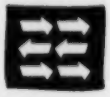
Community Accomplishments

Formed subcommittees of the Adolescent Health Advisory Coalition in order to identify the health care needs of adolescents. These subcommittees include: policy, planning, and research; legislation and advocacy; program and evaluation; substance use/abuse; sexuality; physical health; mental health; finance; and education.

State Actions

Implement the Adolescent Health Risk Appraisal with all new commitments to juvenile corrections.

State Accomplishments: No response received.



Current Initiatives

The Health Services Bureau, Department of Corrections, is educating new administrative and legislative staff about the health care issues of incarcerated youth.

Contact Information

Barbara Olsen, R.N.
Adolescent Health Consultant
Arizona Department of Health Services
1740 West Adams Street, #200
Phoenix, AZ 85007
(602) 542-1880

Janice H. Piepergerdes, R.N., M.A.
Administrator, Health Services Bureau
Department of Juvenile Corrections
P.O. Box 35000
Phoenix, AZ 85069
(602) 869-9050

Arkansas

Goals

1. Improve the quality and continuation of care to incarcerated youth while in juvenile services. Obtain resources for follow-up.
2. Coordinate services for troubled youth (i.e., services that are common to the juvenile justice, child welfare, and mental health systems). These services will include education, health, and drug and alcohol services.
3. Improve the quality of services and the continuity of care for incarcerated youth.

Goals Met: Met Some Goals

Objectives

1. Find/develop a statewide network of health care with coordination of services.
2. Investigate and develop expertise in finding available funding or avenues for funding.
3. Urge coordination between three existing state task forces charged with designing new community-based alternatives.
4. Continue to explore and develop the work initiated by the Juvenile Justice Task Force.

Objectives Met: Met Some Objectives

Program Actions

1. Increase interest and information among the various agencies in an effort to have each agency designate a representative.
2. Seek accreditation with a correctional medical commission and give this information to applicable agencies.
3. Improve recruitment of nurses and doctors who will work to improve the quality of care for incarcerated youth.
4. Work to assure medical reimbursement.
5. Talk with the governor about merging results from three task forces into a comprehensive continuum of care for troubled youth.
6. Work with the chairs of the three task forces to merge their plans and funds to develop comprehensive services.
7. Explore other funding avenues (private, state, and federal) for services development.
8. Reconvene the Juvenile Justice Task Force to design and implement new services for delinquent youth that include consolidation of youth service facilities, expansion of community alternatives, and regionalization of services for the very serious offender.
9. Expand the membership of the Juvenile Justice Task Force to include representatives from education, health, and drug and alcohol agencies.

Program Accomplishments: No response received.

Community Actions

1. Work to obtain reimbursement at the county level and to locate services provided free of charge by various agencies.

2. Seek the involvement of political representatives regarding positive information and feedback in order to form coalitions to apply for grants and avenues of funding.

Community Accomplishments: No response received.

State Actions

1. Seek input from heads of departments in state agencies to gain their support and invite their expertise.
2. Contact the Department of Health to seek support for health services and seek expertise concerning possible training resources or supplies that could be provided free of charge.
3. Contact the University of Arkansas Medical Science Center for support and training.

State Accomplishments

Established a number of work groups through the Division of Children and Family Services, Department of Human Services, that are working with individuals from various disciplines and agencies.

Current Initiatives

The Administrative Office of the Courts is working to improve internal organization; reorganization is under way and will have an impact on all of the programs and services relevant to this survey.

Contact Information

Donna L. Gay
Coordinator of Juvenile Courts
Administrative Office of the Courts, Justice Building
625 Marshall Street
Little Rock, AR 72201
(501) 376-6655
(501) 682-6877 fax

California

Goals

Improve the quality of care for incarcerated youth and obtain better prevention and intervention services for all California adolescents.

Goals Met: Met Some Goals

Objectives

1. Initiate a statewide network of informed individuals working on state regulations and national and state standards of care.
2. Develop expertise in finding funding for care.
3. Develop statewide coordination of adolescent health care.

Objectives Met: Met Some Objectives

Program Actions

1. Obtain information about standards and state regulations.
2. Designate a local representative at every facility.
3. Improve recruitment for nurses and doctors who will work to improve the quality of care.
4. Increase information and interest in accreditation.
5. Work to ensure that eligible youths receive medical reimbursement (Supplemental Security Income, Child Health and Development Program, Crippled Children's Services, NC 250).

Program Accomplishments

1. Convened work group on state regulations and national and state standards of care.
2. Improved recruitment of health care staff.

Community Actions

1. Arrange for a representative from all accredited counties to talk about the accreditation process.
2. Form coalitions to apply for grants (intrastate and interstate).
3. Work for Child Health and Development Program reimbursement at the county level.

Community Accomplishments

Worked for Child Health and Development Program reimbursement at the county level.

State Actions

1. Ask that a funded representative from every county or region in California attend the annual juvenile justice meeting.
2. Obtain draft 5 of the Correctional Treatment Regulations for discussion.
3. Seek foundation support (e.g., Robert W. J. Rosenthal).
4. Seek the same staffing level for health care as for probation.

5. Send a group to Sacramento as advocates for incarcerated youth to meet with Steve Kessler, Dr. Shaw, Irv White, and Senator Pressley.
6. Change the name of Maternal and Child Health Services to Mothers, Children, and Adolescents (MCHA) in an effort to encourage active involvement in health care for adolescents.
7. Report results to the regional meeting and federal Maternal and Child Health Bureau program.

State Accomplishments

Developed State Correctional Treatment Center Regulations.

Current Initiatives

The Department of Youth Authority is recruiting quality health care staff; reconstituting committees on infection control, quality assurance, and therapeutics; and instituting an electronic system for medical records (COSTAR).

Two articles have been published on the health care of incarcerated youth: Jameson. (1989). The Need for the Development of Professional Ethical Standards for Health Providers. *Journal of Adolescent Health Care* 10:490; and Costello and Jameson. (1987). Legal and Ethical Rules of Health Care Professionals to Incarcerated Children. *Journal of Legal Medicine* 8(2):191.

Contact Information

Dan Palmer, M.D.
Chief of Medical Services
Department of Youth Authority
4241 Williamsbourgh Drive
Sacramento, CA 95823
(916) 427-4870

Elizabeth Jameson, J.D.
Youth Law Center
114 Sansome Street, Suite 3820
San Francisco, CA 94104-3820
(415) 543-3379

Colorado

Goals

Increase access to Medicaid to meet the health care needs of Colorado's adolescents.

Goals Met: Met Some Goals

Objectives

Obtain Medicaid funds for youth involved in the juvenile justice system by the start of FY 1993.

Objectives Met: Met Some Objectives

Program Actions

Develop a database of the health needs of the target population, and conduct an analysis of the cost savings to the state by obtaining Medicaid funds for this population.

Program Accomplishments

Determined eligibility requirements to access Medicaid funds for the health care needs of juveniles on parole status.

Community Actions

Conduct lobbying efforts to gain legislative support for this issue.

Community Accomplishments

Implemented a plan to access federal funds with Title V funds. State legislators have assured juvenile justice officials of their commitment to support this plan.

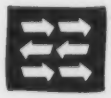
State Actions

1. Organize a statewide task force to develop strategies for obtaining Medicaid funds.
2. Determine key individuals at the state and local levels.
3. Require the task force to define the mission, goals, objectives, and actions required for completing this project.
4. Interpret the federal requirement that restricts use of Medicaid funds for incarcerated youth.
5. Increase the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) periodicity schedule for annual examinations for adolescents.
6. Adjust state policies in order to assure access to Medicaid for eligible youth.

State Accomplishments

1. Organized a statewide task force in order to develop strategies for accessing Medicaid funds.

2. Identified key individuals at state and local levels and convened a conference with those individuals to determine strategies for obtaining funds.



Current Initiatives

The Colorado Division of Youth Services is working on a systematic approach in which the state legislature has mandatory access to available funds (including Title IVE) and, eventually, to Medicaid funds.

Contact Information

Paul A. Targoff
Director of Staff Development and Quality Control
Colorado Division of Youth Services
3900 South Carr Street
Denver, CO 80235
(303) 987-4616
(303) 987-4610 fax

Connecticut

Goals
Improve the health care of incarcerated youth and of youth who are in aftercare in local community placement.

Goals Met: Met All Goals

Objectives
Build collaborative relationships between public health, corrections, and juvenile justice systems.

Objectives Met: Met Some Objectives

Program Actions
Plans in this area depend upon the outcome of actions at the state level.

Program Accomplishments
Initiated discussions with members of the juvenile justice programs.

Community Actions
Plans in this area depend upon the outcome of actions at the state level.

Community Accomplishments
Implemented a program whereby school-based health centers serve students returning to the community. At this time, Connecticut has centers in only 11 schools.

State Actions
1. Arrange meetings between the Department of Health and Human Services' Maternal and Child Health program and the Department of Children and Youth Services to determine the current status of the health care system in community placement facilities.
2. Explore areas in which the Department of Health Services could offer assistance, such as training, consultation, and other forms of assistance.
3. Request that the new commissioner at the Department of Health and Human Services become more actively involved in the State Advisory Committee on Juvenile Justice and Corrections.
4. Encourage the State Advisory Committee on Juvenile Justice to include health issues on its agenda.

State Accomplishments
1. Participated on three subcommittees of the Governor's Justice Advisory Committee.
2. Encouraged the State Advisory Committee on Juvenile Justice to include health on its agenda.

Current Initiatives

Connecticut Department of Health and Human Services current initiative focuses on school-based health centers.

Contact Information

Lynn Letarte
Supervisor, School and Adolescent Health
Connecticut Department of Health and Human Services
150 Washington Street
Hartford, CT 06106
(203) 566-2057
(203) 566-8401 fax

District of Columbia

Goals

Improve the health of adolescents involved with the juvenile justice system.

Goals Met: There was no survey submitted for this state.

Objectives

Objectives Met: No response received.

Program Actions

1. Secure the commitment of Maternal and Child Health Program staff to further identify and meet with appropriate juvenile justice authorities in the District of Columbia to identify joint mental health/juvenile justice collaborative efforts. A working group will be formed if feasible.
2. Explore (during negotiations for a health/Medicaid interagency agreement) the issue of including Medicaid coverage for youth in the juvenile justice system, following the experience of Massachusetts and other states.
3. Follow through on preliminary efforts by Maternal and Child Health to ensure adequate care for all pregnant women and adolescents in the correctional system in the District of Columbia.
4. Foster collaboration between the Maternal and Child Health staff and Maryland staff on the possibility of pilot testing the Hopkins Intake Assessment and staff training module developed by Dr. Linda Thompson.

Program Accomplishments: No response received.

Community Actions

No response received.

Community Accomplishments: No response received.

State Actions

Form a mayoral level task force on children, youth, and families.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information

No survey submitted.

Florida

Goals

Study the issue of adolescents under the age of 19 years being placed in the adult forensic mental health system (if judged either incompetent to proceed or not guilty by reason of insanity).

Goals Met: There was no survey submitted for this state.

Objectives

Identify the following data: (1) number of incarcerated youth in the target population; (2) placement history for these adolescents; (3) criminal charges; (4) counties; (5) placement to and within facilities; (6) special treatment received, if any; (7) destination of the youth when they leave the current facility; and (8) loss.

Objectives Met: No response received.

Program Actions

1. Review data from community forensic programs to locate adolescents.
2. Contact programs that serve this population for further information.

Program Accomplishments: No response received.

Community Actions

Review issue with district forensic coordinators.

Community Accomplishments: No response received.

State Actions

1. Review the forensic database of current residents and admission trends.
2. Contact each of the forensic hospital administrators regarding their perception of problems, special treatment needs (medical, mental health, and dental), and policies concerning this population.
3. Contact the chief jail inspector for information about Florida's laws and handling of adolescents in adult jails.
4. Examine documented data regarding age and demographics in jail.
5. Contact Michael Dale about information related to juveniles being certified into adult prosecution.
6. Review forensic statutes and decide whether the department should pursue revisions to Chapter 916,F.S. (similar to the guidelines used by civil hospitals).

State Accomplishments: No response received.

Current Initiatives

No response received.

Georgia

Goals

Improve medical services available to adjudicated youth in Georgia.

Goals Met: There was no survey submitted for this state.

Objectives

Advocate for attention to medical care issues as the state of Georgia begins to reorganize its children and youth services delivery system.

Objectives Met: No response received.

Program Actions

Focus on the Atlanta Youth Detention Center as a starting point:

1. Reexamine medical expenditures in order to reallocate resources and improve benefits.
2. Maintain accreditation according to the standards of the Commission on Correctional Health Care and update procedures as revised standards are published.
3. Explore potential linkages with colleges and universities.
4. Report conference recommendations to the Department of Youth Services management.

Program Accomplishments: No response received.

Community Actions

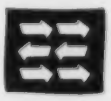
1. Disseminate conference findings and other relevant data about the health needs of adjudicated and/or incarcerated youth to local commissions on children and youth.
2. Offer to report on the conference to Department of Youth Services district directors in order to enhance local level medical care (detention and community programs).

Community Accomplishments: No response received.

State Actions

1. Summarize results of the conference and provide relevant background information to the Council of Juvenile Court Judges, the Children and Youth Coordinating Council, the governor's office, relevant division directors (mental health, mental retardation, substance abuse, public health), and the Department of Family and Children's Services.
2. Explore untapped resources available statewide through colleges and universities.

State Accomplishments: No response received.



Current Initiatives

No response received.

Hawaii

Goals

1. Increase community awareness of the health issues of confined youth.
2. Begin statewide networking among juvenile corrections officials, health care providers, and the health planner in Hawaii.

Goals Met: Met Some Goals

Objectives

1. Create an ongoing task force to examine the health status and needs of confined youth in Hawaii and to develop recommendations to better meet their needs.
2. Conduct a state conference on incarcerated youth for both the corrections community and the health community.

Objectives Met: Did Not Meet Any Objectives

Program Actions

No response received.

Program Accomplishments: No response received.

Community Actions

No response received.

Community Accomplishments

1. Reorganized the long-term juvenile correctional facility within the Office of Youth Services.
2. Began working with this new agency to address the health needs of Hawaii's incarcerated youth.

State Actions

1. Contact representatives of the departments of youth services, judiciary, health, and human services, and the University of Hawaii, in order to work together as a task force on incarcerated youth.
2. Contact Kapeolarie Medical Center for Women and Children to ask for their help in sponsoring a statewide conference on incarcerated youth.

State Accomplishments

1. Reorganized the long-term juvenile correctional facility within the Office of Youth Services.
2. Began working with this new agency to address the health needs of Hawaii's incarcerated youth.

Current Initiatives

The University of Hawaii School of Medicine is corresponding with administrators in the Office of Youth Services (the office responsible for the long-term correctional facility for youths in Hawaii) on issues related to the physical and mental health of incarcerated youth. The Office of Youth Services has begun a vigorous campaign to create a community network of services for youth (but includes health services only in the broadest of terms).

Contact Information

Robert Bidwell, M.D.
Assistant Professor, Pediatrics
Division of Adolescent Medicine, University of Hawaii School of Medicine
1319 Punahou Street
Honolulu, HI 96826
(808) 973-8387
(808) 949-4232 fax

Idaho

Goals

Coordinate a health care initiative between the bureaus of juvenile justice and maternal and child health.

Goals Met: Met All Goals

Objectives

1. Encourage participation in education/enlightenment by departments, divisions, and bureaus within juvenile justice and maternal and child health programs.
2. Promote and encourage interagency collaboration.
3. Establish communication and collaboration between district health departments and regional juvenile justice systems.

Objectives Met: Met Some Objectives

Program Actions

No response received.

Program Accomplishments: No response received.

Community Actions

1. Contact the American Academy of Pediatrics Subcommittee for Incarcerated Youth.
2. Assign a maternal and child health representative to regional juvenile justice advisory boards.
3. Contact county commissioners and legislators to increase their awareness of this issue.
4. Establish linkage/liaison with universities.

Community Accomplishments

1. Recommended appointment of a maternal and child health representative to regional juvenile justice advisory boards.
2. Established the Juvenile Justice Advisory Committee which includes representatives from the Idaho Association of Counties, the Sheriff's Association, state legislators, and others.
3. Established linkage/liaison with North Idaho Junior College, Lewis and Clark State College, Boise State University, Idaho State University, and the College of Southern Idaho.

State Actions

1. Conduct a statewide needs assessment through a joint effort between juvenile justice and maternal and child health programs.
2. Arrange a bureau/division forum.
3. Contact the state's youth commission and governor's office for participation in the forum.
4. Place health care issues on the juvenile justice agenda.

State Accomplishments

1. Initiated a statewide needs assessment through a joint effort between juvenile justice and maternal and child health programs.
2. Initiated coordination of a bureau/division forum.
3. Contacted Sharon Hixon, Idaho Commission for Children and Youth, to participate in the forum.
4. Placed health care issues on the juvenile justice agenda.

Current Initiatives

The Idaho Department of Health and Welfare is constructing Idaho's new Juvenile Detention Center. The health of incarcerated youth will be a component as development progresses.

Contact Information

Simonne deGlee, M.S., P.N.P.
Child Health Program Coordinator
Bureau of Maternal & Child Health; Idaho Department of Health and Welfare
450 West State Street, 4th Floor Towers
Boise, ID 83720-5450
(208) 334-5957
(208) 334-6581 fax

Illinois

Goals

Improve collaborative efforts with the legislature, state agencies, and advisory groups to maximize funding options in order to maintain and improve health care services for incarcerated youth and youth on parole.

Goals Met: There was no survey submitted for this state.

Objectives

Involve superintendents more fully in serving on statewide coordinating groups, including Department of Corrections, Department of Mental Health, Department of Children and Family Services, State Board of Education, and Department of Alcohol and Substance Abuse.

Objectives Met: No response received.

Program Actions

1. Examine different state systems or case management services.
2. Work with individual superintendents to develop their own coalition (i.e., convene more meetings to address specific issues).
3. Address overcrowding in institutions and ensure that health care services are competitive with other scarce resources.

Program Accomplishments: No response received.

Community Actions

1. Form coalitions to apply for funding.
2. Maintain accreditation status and high health care standards.

Community Accomplishments: No response received.

State Actions

1. Convene a problem-solving/planning work group with sister agencies.
2. Develop a coordinated case management system.
3. Look at long range planning and become proactive regarding identified needs.
4. Maintain the quality of health care services and improve staff training.

State Accomplishments: No response received.

Current Initiatives

No response received.

Iowa

Goals

1. Create an information exchange between maternal and child health institutions and state incarcerated youth centers.
2. Determine juvenile justice funding status by May 1991.
3. Share information by fall 1991.

Goals Met: Met Some Goals

Objectives

1. Include a status report in the state maternal and child health newsletter by fall 1991.
2. Amend or expand juvenile justice funds to target the health issues of incarcerated youth by December 1991.
3. Write SAP# (if necessary) into the Maternal Child Health Block Grant application to be developed for 1992.
4. Continue to develop lines of communication, both instate and with other states.

Objectives Met: Met Some Objectives

Program Actions

1. Become informed about state standards, American Correctional Association standards, and National Commission on Correctional Health Care standards by March 1991.
2. Develop contacts for information by March 1991.
3. Reach a collaborative agreement by February 1, 1992.
4. Distribute findings by fall 1991.

Program Accomplishments

The state team conducted a survey to determine the practices or procedures of the various facilities housing incarcerated youth. Written items for a manual were requested along with a narrative of unmet needs faced by programs. This was to lead to an information exchange, and some information on the issues has been provided to certain facilities.

Community Actions

1. Become informed about state standards, American Correctional Association standards, and National Commission on Correctional Health Care standards by March 1991.
2. Develop contacts for information by March 1991.
3. Reach a collaborative agreement by February 1, 1992.
4. Distribute findings by fall 1991.

Community Accomplishments

Information has been provided by the Iowa Coalition for Comprehensive School Health, the Iowa Department of Public Health, and others to illustrate model community linkages.

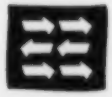
Follow-up has not been conducted to determine whether this information has generated action at the community level.

State Actions

1. Invite health and incarcerated youth staff to participate, by January 1, 1992, in a collaborative effort with the following groups: Iowa Coalition for Comprehensive School Health Education; Iowa Public Health Association; Iowa Association of Physical Education, Recreation and Dance; Smoke Free 2000; Governor's Council on Physical Fitness and Sports; and Iowa Peer Helper Association.
2. Include an article on this issue in the state maternal and child health newsletter by fall 1991.
3. Design and write an agreement based on a possible pilot program by spring 1992.
4. Submit this to the information clearinghouse by spring 1992.

State Accomplishments

The state initiated a survey on practices at various facilities for incarcerated youth and has disseminated some of the resulting information. The state has also encouraged various state organizations to consider the needs of incarcerated youth.



Current Initiatives

The Iowa Department of Public Health has developed a questionnaire to gain a perspective on the health care needs of incarcerated youth. This was a significant help in establishing a dialogue with detention centers, the boys state training school, and the Iowa Juvenile Home. The state Teen Line number for health information and referral was shared with facilities.

An adolescent health manual entitled *Adolescence—A Continuum: From Childhood to Adulthood* is being developed and distributed.

Contact Information

Tim A. Lane, M.A.
Adolescent Health Consultant
Lukas Building/State Capitol
Des Moines, IA 50319-0057
(515) 281-7833

Kansas

Goals

Improve health care services delivered to incarcerated youth in the state of Kansas.

Goals Met: Met Some Goals

Objectives

Develop an interagency plan for implementing improved health care services for incarcerated youth by January 1, 1992.

Objectives Met: Met Some Objectives

Program Actions

1. Participate in the development of state standards for the health care of children.
2. Develop a monitoring protocol for health services delivered to incarcerated youth.

Program Accomplishments

There has been frequent collaboration, by telephone and on-site inspection, concerning health care issues. Maternal and child health consultation services have been provided to Youth and Screening Centers. There has also been participation in developing and coordinating standards for child health.

Community Actions

1. Initiate health care training programs for staff and youth in institutions.
2. Maximize funding for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) when delivering health care services to incarcerated youth.

Community Accomplishments

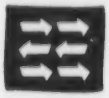
Staff and youth health education programs have been initiated and developed within the community. Certified nurses are providing EPSDT screenings.

State Actions

1. Schedule bimonthly meetings between the Kansas Department of Health and Environment, Division of Family Health, and the Kansas Department of Social and Rehabilitative Youth Services to develop a plan for integrating health care initiatives for each agency.
2. Ensure that health care initiatives for incarcerated youth meet the *Healthy People 2000* objectives.
3. Begin negotiations with the university to integrate/share services in social work, medicine, nursing, and psychology.
4. Explore funding resources for health care services delivered to incarcerated youth.

State Accomplishments

The state has ensured that health care initiatives for incarcerated youth meet the *Healthy People 2000* objectives. The state has also explored funding resources for health care services for incarcerated youth, and has submitted a grant proposal to improve these services.



Current Initiatives

The Kansas Department of Health and Environment, Child Health and Juvenile Offenders, is standardizing the certification for nurses who provide EPSDT services. The department's nurse consultants are collaborating/consulting with nurses in the Youth Centers and Screening Unit. The state submitted a grant proposal to the federal Maternal and Child Health Bureau to improve health care and services for incarcerated youth. Collaboration/coordination is under way between state agencies and private/public sectors to provide preventive and primary health care services.

Contact Information

Linda Ladehoff, M.N., A.R.N.P.
Pediatric Nurse Consultant
Kansas Department of Health and Environment, Child Health and Juvenile Offenders
900 Southwest Jackson, Room 1005
Topeka, KS 66612-1290
(913) 296-7433
(913) 296-6231 fax

Kentucky

Goals
Provide quality health care to securely detained juveniles in Kentucky.

Goals Met: There was no survey submitted for this state.

Objectives
Assess current health care in juvenile detention centers and juvenile holding facilities.

Objectives Met: No response received.

Program Actions
No response received.

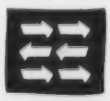
Program Accomplishments: No response received.

Community Actions
No response received.

Community Accomplishments: No response received.

State Actions
1. Questionnaires will be sent to directors of two juvenile detention centers and 11 juvenile holding facilities to ascertain the services provided, service providers, available financing, and standards followed.
2. Data will be compiled and reported to the interagency committee on juvenile detention.

State Accomplishments: No response received.



Current Initiatives
No response received.

Contact Information
No survey was submitted.

Louisiana

Goals
Improve the quality of care for incarcerated youth.

Goals Met: Met Some Goals

Objectives
1. Develop statewide coordination and consistency in adolescent care.
2. Develop a network of health care providers for the provision of services.
3. Reevaluate the ability to compete with the private sector in the hiring of nurses.

Objectives Met: Met Some Objectives

Program Actions
1. Improve recruitment of health care workers to increase the quality of care.
2. Obtain information about accreditation.
3. Obtain information about standards and state regulations.

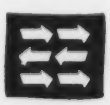
Program Accomplishments: No response received.

Community Actions
1. Develop a reciprocal working relationship between local universities and institutions to provide or expand services.
2. Develop a network with other state and local agencies and private providers to complement present services and provide a comprehensive system of care.

Community Accomplishments: No response received.

State Actions
1. Complete a comprehensive self-study to determine needs for prevention, intervention, and follow-up of adjudicated youth. Examine present status and future needs.
2. Complete a review of the literature to determine standards of care that meet the identified needs.
3. Explore and pursue alternate funding sources.

State Accomplishments: No response received.



Current Initiatives
The Juvenile Reception and Diagnostic Center is conducting a self-evaluation to prepare to meet the necessary requirements for accreditation by the American Corrections Association as a first step toward providing a good basic level of care.

Contact Information

Barbara M. Gagneaux
Director, Nursing Services
Juvenile Reception and Diagnostic Center
Post Office Box 116
Baton Rouge, LA 70714
(504) 774-7720

Maine

Goals

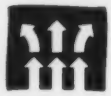
Improve the health of youth who are incarcerated.

Goals Met: Met Some Goals

Objectives

1. Identify the unmet health care needs of this population.
2. Establish a coalition of state and private groups to address the health care needs of incarcerated youth.

Objectives Met: Met Some Objectives



Program Actions

1. Identify the current methods of providing health care services in Maine, including assessment, treatment, and preventive activities, by (a) contacting personnel at the Maine Youth Center and identifying the ways in which health care is being provided; (b) identifying standards and protocols used; and (c) identifying state qualifications and continuing education needs.
2. Develop a plan to address and identify needs.

Program Accomplishments

1. Met with the director of the health care facility for the Maine Youth Center.
2. Identified the standards and protocols used. On the day of admission, the center's registered nurse conducts health screening, including a physical examination, medical history, suicide ideation, and mental health status. A visit with the physician is scheduled within a week, and a psychiatric evaluation is provided for all youth who are committed or referred by the court. A substance abuse assessment is made, and hearing, vision, speech, and language screening is conducted. The American Academy of Pediatrics standards of care are used.
3. Identified areas that require continuing education efforts including parenting classes and childbirth education for pregnant and parenting youth.
4. Developed a plan to address and identify needs; the Division of Maternal and Child Health planned to conduct an out-of-school health needs assessment and survey this population the following year.

Community Actions

No response received.

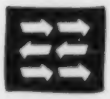
Community Accomplishments: No response received.

State Actions

Contact the following groups to encourage coalition building: Juvenile Justice Advisory Committee; Maine Chapter of the American Academy of Pediatrics; Department of Mental Health and Mental Retardation; Substance Abuse; Bureaus of Health (Maternal

and Child Health, AIDS, Sexually Transmitted Diseases, Dental, and Disease Control); and Medicaid.

State Accomplishments: No response received.



Current Initiatives

No response received.

Contact Information

DeEtte Hall
Director, Teen & Young Adult Health Program
Department of Human Services; Division of Maternal & Child Health
State House Station 11
Augusta, ME 04333
(207) 287-5361
(207) 287-4172 fax

Maryland

Goals

Improve the health of adolescents involved with the juvenile justice system.

Goals Met: Met Some Goals

Objectives

No response received.

Objectives Met: Did Not Meet Any Objectives

Program Actions

No response received.

Program Accomplishments

The Instrument for Adolescent Health Status Measurement has been used by nurses and nonprofessional staff in the Division of Juvenile Services, and has been reviewed for use in the community.

Community Actions

1. Present to the Secretary for Children, Youth and Family the Instrument for Adolescent Health Status Measurement and the training module for youth workers (developed through a previous grant from the Maternal and Child Health Bureau). Pilot test the assessment tool in at least one state juvenile justice facility to focus attention on the issue of systems change.
2. Explore with District of Columbia staff the possibility of pilot testing the Instrument for Adolescent Health Status Measurement in one of the District of Columbia's facilities. Share the project materials with the District of Columbia Public Health staff.
3. Reexamine the issue of Medicaid coverage as Maryland moves ahead with its commitment to privatization and to instate community-based juvenile justice residential treatment services.
4. Consider Maryland's preliminary efforts to implement the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) expanded service provision, mandated by the Omnibus Budget and Reconciliation Act of 1989, as a way to maximize federal support for needed specialized services such as mental health for the population in the juvenile justice system.
5. Examine the Instrument for Adolescent Health Status Measurement as a way to facilitate continuity of information for this population as it moves from residential to community based to aftercare status.

Community Accomplishments

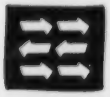
The Instrument for Adolescent Health Status Measurement is currently being utilized.

State Actions

No response received.

State Accomplishments

Issues concerning Medicaid coverage have been reexamined.



Current Initiatives

The Maryland State Department of Health and Mental Hygiene has provided continued availability to the Division of Juvenile Services.

Contact Information

Genie L. Wessel
Consultant
School/Adolescent Health; Maryland State Dept of Health and Mental Hygiene
201 West Preston Street, Room 321A
Baltimore, MD 21201
(301) 225-6748

Marianne E. Felice, M.D.
Chief, Division of Adolescent Medicine
Department of Pediatrics; University of Maryland
31 S. Green Street, 3rd Floor
Baltimore, MD 21201
(410) 328-4195
(410) 328-0131 fax

Massachusetts

Goals

Improve the quality of health and mental health care for youth placed in the custody of the Department of Youth Services.

Goals Met: Did Not Meet Any Goals

Objectives

Strengthen collaboration between the Department of Youth Services and the Department of Public Health, the Maternal and Child Health staff, the staff of the Children's Division of the Massachusetts Department of Mental Health, and private providers.

Objectives Met: Did Not Meet Any Objectives

Program Actions

1. Include health maintenance goals in the Department of Youth Services plans for youth who are returning home.
2. Improve follow-up of juveniles released from detention by referring to Maternal and Child Health-funded programs or other health programs.
3. Improve mental health consultation services for the Department of Youth Services concerning staff/juvenile interactions.
4. Improve the value of mental health treatment recommendations through providing better training for mental health professionals on the methods of operation and the capacity of various programs.

Program Accomplishments: No response received.

Community Actions

Raise awareness (among coalitions that advocate for or deliver adolescent health services) concerning health care issues for juveniles in the Department of Youth Services system.

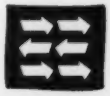
Community Accomplishments: No response received.

State Actions

1. Identify existing interagency groups that deal with children's issues, and place the Department of Youth Services on the agenda. This may be the Adolescent Health Council. Add the Department of Youth Services providers to the group.
2. Explore accreditation.
3. Explore the possibility of Medicaid funding beyond health services to include actual reimbursement for program costs.
4. Ask the Department of Public Health to provide a complete listing of its funded adolescent services to the Department of Youth Services.

5. Ask the Department of Youth Services to provide a reciprocal complete list of its funded adolescent services to the Department of Public Health.

State Accomplishments: No response received.



Current Initiatives

The Massachusetts Department of Youth Services is collaborating with Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, including issues related to managed care.

Contact Information

Gary Shostak, M.P.H.
Director of Health Services
M.A. Dept of Youth Services; Fort Point Place
27-43 Wormwood Street
Boston, MA 02210
(617) 727-7575
(617) 951-2409 fax

Michigan

Goals

Improve communication about the health issues of incarcerated youth.

Goals Met: There was no survey submitted for this state.

Objectives

1. Identify key resource persons in juvenile justice and comprehensive health at the state level.
2. Develop a mechanism for discussion of issues among state agencies.

Objectives Met: No response received.

Program Actions

1. Analyze the current status of resources for health with respect to standards for incarcerated youth.
2. Provide materials on the number and location of incarcerated youth and those in the juvenile justice system.
3. Recommend measures for health needs that are currently unmet, and the costs to provide optimum care.
4. Advocate within the state agency for services needed at the local level.

Program Accomplishments: No response received.

Community Actions

1. Provide reports at the state level on health issues and resources, and suggest ways to resolve or coordinate services locally.
2. Inform the state about local alliances that are successful in meeting health care needs.

Community Accomplishments: No response received.

State Actions

1. Schedule a discussion topic by the state interagency Adolescent Health Steering Committee at the Michigan Department of Public Health to increase awareness of status and issues over the next year.
2. Include regular participation on the steering committee, by November 1, 1991, of a representative of the state agency with primary responsibility for juvenile justice.
3. Explore the possibility of incorporating the health needs of youth in the juvenile justice system within the plans for health care delivery for children in the state.

State Accomplishments: No response received.

Current Initiatives

No response received.

Minnesota

Goals

Develop interstate collaboration for specialized services between the Department of Correction and the Department of Mental Health.

Goals Met: Met Some Goals

Objectives

Develop culturally competent drug and alcohol treatment programs for Native Americans (who comprise 15 percent of the state's juvenile population).

Objectives Met: Met Some Objectives

Program Actions

1. Provide culturally specific programs at one site to serve the Native American populations of Minnesota, Wisconsin, North Dakota, South Dakota, and Indiana.
2. Recruit and train Native American counselors to provide care and treatment and to serve as role models within the community.

Program Accomplishments: No response received.

Community Actions

Provide resources such as buildings and other capital equipment within the Native American community.

Community Accomplishments

Provided resources within the Native American community and a reasonable model for the state as a whole.

State Actions

1. Provide funding sources through the Office of Drug Policy, Bureau of Indian Affairs, and the Department of Corrections.
2. Encourage participation of other states through development of interstate compact agreements.

State Accomplishments: No response received.

Current Initiatives

The Hannepin County Medical Center has obtained an increased commitment from the University of Minnesota's Department of Pediatrics to provide educational time for the study of the health problems of incarcerated youth. The quality assurance component of data selection has been improved.

Contact Information

George R. Noren, M.D.
Medical Director
Juvenile Justice Department; Hannepin County Medical Center
701 Park Avenue South
Minneapolis, MN 55415
(612) 347-2680
(612) 347-2438 fax

Mississippi

Goals
Improve the quality of health care for youth who are incarcerated.

Goals Met: There was no survey submitted for this state.

Objectives
Develop a network among health care professionals, public officials, legislators, administrators, and community leaders to address the importance of health care for incarcerated youth.

Objectives Met: No response received.

Program Actions
1. Obtain information about state standards and state regulations.
2. Obtain and disseminate information on national standards to appropriate persons.
3. Inform health officials and others about accreditation requirements.
4. Work to ensure that primary health care is provided to youth who are incarcerated.
5. Report and disseminate information from this conference to the director of the Department of Human Services.

Program Accomplishments: No response received.

Community Actions
1. Involve youth health care advocates in issues related to incarcerated youth.
2. Inform community leaders, church groups, and nonprofit organizations about the health care issues of incarcerated youth.

Community Accomplishments: No response received.

State Actions
1. Involve the state advisory group in health care for incarcerated youth.
2. Inform heads of administration about standards.
3. Inform the state's Attorney General about liability when minimal health care standards for incarcerated youth are not met.
4. Include training at a statewide conference of court personnel who deal with youth in the juvenile justice system.

State Accomplishments: No response received.

Current Initiatives
No response received.

Missouri

Goals

Bring definitive, comprehensive health care services to Missouri's high-risk and incarcerated youth in accord with the American Medical Association and American Corrections Association standards.

Goals Met: Met Some Goals

Objectives

Develop an interagency plan by February 1992 for coordinated efforts between detention and placement facilities and child care agencies around the state with respect to minimal comprehensive health care standards.

Objectives Met: Met Some Objectives

Program Actions

Develop information and education services for the following critical areas that affect the health of youth: parenting skills (for youth and parents of youth), single mothers and prenatal care, abused children, nutritional standards, substance abuse, sexually transmitted diseases, and dental health.

Program Accomplishments:
Each facility/program operated by the Division of Youth Services is developing local procedures to meet the National Commission for Correctional Health Care standards.

Community Actions

1. Obtain the assistance and participation of local university campuses.
2. Coordinate efforts with local public health officials.

Community Accomplishments: No response received.

State Actions

1. Contact the director of the State Department of Public Health to ascertain the current status of programs and to avoid duplication of effort: (a) Designate a chief or director of state services to youth (if no one is currently serving in that capacity); (b) check the status of the state standards to ensure compliance with those recommended by the American Medical Association and the American Corrections Association; and (c) provide health services education and counseling.
2. Check with Missouri's Juvenile Justice Association and tap into the information exchange between the state's youth facilities.

State Accomplishments
The Division of Youth Services has developed a comprehensive policy and procedures manual based on the National Commission on Correctional Health Care standards, and is implementing these policies and procedures in residential facilities and day treatment programs.

Current Initiatives

The Division of Youth Services is (1) implementing training for staff and students concerning HIV/AIDS; (2) implementing a training program to certify certain staff in all Division of Youth Services programs as medication aides, and (3) planning a quality assurance program utilizing existing medical staff.

The Juvenile Detention Center is developing a close working relationship with the City Department of Public Health including collaboration of presentations, discussions, and group programs regarding sexually transmitted diseases, lead poisoning, and AIDS. In addition the Detention Center is establishing in-house dental services. They obtained donated and state surplus dental equipment and contracted services of dentists. They are also developing in-house policy on HIV/AIDS and the training of supervisory registered nurses.

Contact Information

Mark D. Steward
Director
Division of Youth Services
P.O. Box 447
Jefferson City, MO 65102-0447
(314) 751-3324

Ronald L. Pohlé
Superintendent of Detention
22nd Judicial Circuit of Missouri
3847 Enright Avenue
St. Louis, MO 63108
(314) 531-3600
(314) 531-1248 fax

Montana

Goals
Enhance or develop a mental health service delivery system for the incarcerated youth population.

Goals Met: There was no survey submitted for this state.

Objectives
1. Use existing services and eliminate duplication of services where possible.
2. Develop minimal (baseline) medical and psychological standards.
3. Enhance mental health/substance abuse needs assessment for the incarcerated youth population.

Objectives Met: No response received.

Program Actions
Identify program voids and determine the fiscal and geographical potential for resolving them.

Program Accomplishments: No response received.

Community Actions
Raise awareness about the health needs of incarcerated youth in order to develop a community constituency for support and advocacy.

Community Accomplishments: No response received.

State Actions
1. Use an interagency coordinated network for relevant state services for incarcerated youth.
2. Develop interagency agreements to ensure cooperation.
3. Intensively pursue university internship programs.

State Accomplishments: No response received.

Current Initiatives
No response received.

Contact Information
No survey submitted.

Nebraska

Goals

Develop an effective interface between the Nebraska Department of Health and the Nebraska Juvenile Justice System.

Goals Met: Did Not Meet Any Goals

Objectives

1. Provide health education by February 1992.
2. Provide HIV testing and counseling by February 1992.
3. Ensure that health care for incarcerated youth meets the *Healthy People 2000* objectives by February 1992.

Objectives Met: Did Not Meet Any Objectives

Program Actions

1. Contact Department of Health personnel (Centers for Disease Control and Prevention and county health departments); designate subjects to be covered (what, when, where, and how); and designate teaching methods and teachers.
2. Contact the Nebraska Department of Health to arrange for nurses in Geneva and Kearney to draw blood and provide HIV testing and counseling, and establish confidentiality requirements.
3. Develop interagency relationships with maternal and child health programs to set up health screening and education, including immunizations, testing for sexually transmitted diseases, and issues concerning sex education, teenage pregnancy, smoking, family planning, and violence prevention. Apply for grant funding.

Program Accomplishments: No response received.

Community Actions

No response received.

Community Accomplishments: No response received.

State Actions

Develop an interagency planning committee including state and community representatives.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information
Elizabeth R. Westover, R.N.
Child and Adolescent Nurse Specialist
Department of Health; 301 Centennial Mall South
Lincoln, NE 68509
(402) 471-0197
(402) 471-0383 fax

Nevada

Goals

Improve the health care and medical follow-up systems for Nevada's incarcerated youth.

Goals Met: Met Some Goals

Objectives

Form an interagency work group to address the health care needs of this population.

Objectives Met: Met Some Objectives

Program Actions

1. Designate the Department of Youth Services as the lead agency to coordinate the work group.
2. Ensure participation by correction facility nurses in community health nurse training/workshops conducted by the state Health Division.

Program Accomplishments

Enhanced communication by adding the list of youth facility nurses to the Health Division mailing lists.

Community Actions

1. Increase communication between facility nurses, community health nurses, and community health centers located in local population centers.
2. Promote the involvement of the Office of Rural Health.

Community Accomplishments

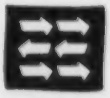
Contracted for a part-time medical care professional for the youth detention facility.

State Actions

1. Form a work group by the Youth Services Division with representation from the state Health Division's maternal and child health program.
2. Promote ties with the Governor's Juvenile Justice Advisory Group, Governor's Advisory Council on Youth, and Governor's Maternal and Child Health Advisory Board.

State Accomplishments

Contracted for a part-time medical care professional for the youth detention facility.



Current Initiatives

No response received.

Contact Information

Daniel Prince
Chief of Planning and Programs
Nevada Youth Services
505 E King Street, Suite 101
Carson City, NV 89710
(702) 687-5982

Launa Ritch
Health Educator
Nevada State Health Division
505 East King St., Room 205
Carson City, NV 89710
(702) 687-4885

Karen Mowery, R.N., B.S.N.
Corrections Nurse
Nevada Youth Training Center
P.O. Box 469
Elko, NV 89801
(702) 738-7182

New Hampshire

Goals

Improve the availability of comprehensive medical/dental care for the population served by the Division for Children and Youth Services.

Goals Met: Met Some Goals

Objectives

1. Provide standards developed by the National Commission on Correctional Health Care to the Ann Norris Youth Development Center and the Scott McLain Youth Service Center.
2. Meet with the National Commission on Correctional Health Care to develop sensitivity concerning medical issues and the need for advocacy.
3. Explore with the Department of Health Services the possibility of collaborative efforts to change Medicaid eligibility.
4. Include medical issues in training and new staff orientation.

Objectives Met: Met Some Objectives

Program Actions

1. Collaborate with Vermont on the health care of incarcerated youth.
2. Encourage the Juvenile Justice Advisory Committee to increase community sensitivity to medical issues of incarcerated youth.

Program Accomplishments

1. Supplied National Commission on Correctional Health Care standards to youth development center and youth services center medical staff.
2. Addressed Medicaid eligibility issues.
3. Added a component on medical issues to the staff training curriculum and new staff orientation.

Community Actions

1. Locate key contact persons in maternal and child health within the state.
2. Apply for additional funding for medical care.
3. Seek authority and funding for screening/diagnosis and immunization.

Community Accomplishments

1. Sought additional funding for medical care.
2. Simplified the ancillary payment system.

State Actions

No response received.

State Accomplishments

1. Sought additional funding for medical care.

2. Simplified the ancillary payment system.

Current Initiatives

The Division of Children and Youth Services is updating health care and medical regulations to bring them into compliance with standards for accreditation. Issues concerning sexually transmitted diseases, HIV infection, and general health awareness are being addressed on intake and through education within the programs and life skills classes. Through training, staff are becoming more aware of the importance of health issues.

Contact Information

John J. Sheridan
Administrator, Bureau of Residential Services
Division for Children and Youth Services
45 South Fruit Street
Concord, NH 03301
(603) 271-5945

New Jersey

Goals

Improve quality of health care for all youngsters served by the Division of Juvenile Services, Department of Corrections.

Goals Met: Met Some Goals

Objectives

1. Obtain a Memorandum of Understanding between Department of Health and Department of Corrections, Juvenile Division.
2. Develop expertise in finding funding for care. Identify the staff members who will be sources of information.

Objectives Met: Met Some Objectives

Program Actions

1. Obtain information regarding health care standards for Division of Juvenile Services population with special emphasis on standards used in Massachusetts.
2. Set up meetings between Juvenile Division and State Department of Health representatives to explore cooperative ventures.
3. Work to get eligible youths on medical reimbursement and identify related administrative costs jointly with State Department of Health and Division of Juvenile Services.
4. Explore resources with state colleges and universities, including University of Medicine and Dentistry.
5. Identify existing resources (including federal, state, regional, and local).

Program Accomplishments

1. Obtained information regarding health care standards for Division of Juvenile Services, Department of Corrections (DJS) population with special emphasis on standards used in Massachusetts.
2. Recommended actions for 1992 included State Department of Health (SDOH) staff pursuing the identification of appropriate standards.
3. Preliminary review of Medicaid reimbursement standards indicated barriers based on federal definition of "institution" and state budget restrictions. This issue, among others, is being examined by the Governor's Action Group.
4. Scheduled orientation meeting to orient Department of Corrections (DOC) personnel to existing accessible health services. Obtained national standards on health care for sentenced youth.

Community Actions

1. Form coalitions for interested parties and advocate for improved health care for Division of Juvenile Services.
2. Link Division of Juvenile Services clients with school based youth services in their community.
3. Develop substance abuse awareness sources to prevent alcohol and drug problems.

Community Accomplishments

1. Worked to get eligible youth on medical reimbursement. Identified related administrative costs.
2. Participated in cross-service system coalitions to advocate for justice-involved children's needs, including case assessment review teams and county inter-agency coordinating councils to review cases and class-level issues concerning the service needs of "multi-agency" youth.
3. Linked DJS clients with school-based youth services programs in their community.
4. Convened a preliminary meeting between DOC and DHS staff.
5. Considerable progress was made in expanding access of DJS programs to the Substance Abuse Awareness Initiative (SAAI). This comprehensive early intervention campaign for justice-involved youth transient across service systems includes provision of a standardized Substance Abuse Awareness curriculum, social influence strategies, staff development and a health media campaign.
6. Jointly (DJS and SDOH) explored resources with state colleges and universities including the University of Medicine and Dentistry in New Jersey.
7. Case Assessment Review Teams and County Inter Agency Coordinating Councils reviewed case and class-level issues concerning needs of sentenced youth.
8. An early intervention campaign for youth involved in the justice system, Substance Abuse Awareness Initiative, has been developed and in-serviced with DJS staff.

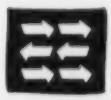
State Actions

1. Involve State Interagency Coordinators Committees in an attempt to use resources of agencies outside Division of Juvenile Services to improve standards for Division of Juvenile Services.
2. Develop expertise in finding funding for care. Identify the staff members who will be the sources of information.
3. Work to get eligible youth on medical reimbursement and identify related administrative costs jointly with State Department of Health and Division of Juvenile Services.
4. Explore resources with state colleges and universities, including University of Medicine and Dentistry.
5. Identify existing resources, (including federal, state, regional and local).
6. Bring to the attention of state legislators and the governor's office the need for changes in Medicaid reimbursement practices and regulations including changes in federal and state regulations.
7. Develop a working relationship between Division of Juvenile Services and the agency adminstering Title XIX (Medicaid) with an objective to increase eligibility and access for Division of Juvenile Services clients.

State Accomplishments

1. Convened a Governor's Action Group on Juvenile Justice which was chaired by the Attorney General. Participation included the Commissioners of Health, Human Services, Education, Corrections, Labor, Community Affairs and the Public Advocate. The group's mandate focused on justice-involved youth and the development of community-based services for them through a variety of cost-effective strategies.
2. Initiated preliminary steps toward developing a formal memorandum of agreement regarding health care services for youth residing in DJS Community Programs. Initiated preliminary discussions with several medical schools and the Department of Human Services office responsible for Medicaid funds have taken place in order to identify funding for care.

3. Convened a subcommittee of the Family Net Inter-Agency Coordinating Council to develop a funding stream analysis in order to maximize blended funding and joint planning for our joint populations.
4. Exploration of the needed changes in Medicaid reimbursement practices issues is being accomplished by the Governor's Cabinet Action Group. The federal Office for Juvenile Justice and Delinquency Prevention has granted the American Correctional Association funds to train states in funding strategies for justice-involved juveniles including Medicaid fund retrieval. New Jersey has requested and been granted participation in this training.
5. Formed Governor's Cabinet Action Group and plan on exploring ways to use resources of agencies outside DJS to improve standards for DJS clients.
6. Contacted the state university to provide training to providers and health services to clients. A method of payment has yet to be decided.



Current Initiatives

New Jersey Department of Health current initiatives include preventive child health services; pediatric primary care projects; Sudden Infant Death Syndrome Resource Center; dental health services, including Save Our Smiles Fluoride Mouthrinse Program and Baby Bottle Tooth Decay Cup Project; and New Jersey Child Health Regional Network.

Contact Information

Catherine Lucas
Program Development Specialist
Office of Policy Analysis & Planning
New Jersey State Department of Corrections
CN 863
Trenton, NJ 08625
(609) 292-9424
(609) 633-2112 fax

Margaret Gregory, M.D., F.A.A.P.
Coordinator, Child Health Program
New Jersey State Department of Health
363 West State Street
Trenton, NJ 08625
(609) 292-5616
(602) 292-3580 fax

New Mexico

Goals

Improve the quality of health care for incarcerated youth.

Goals Met: Met Some Goals

Objectives

1. Develop collaborative working relationships with persons involved in child health care.
2. Develop better coordinated health care delivery for incarcerated youth.
3. Increase awareness of the need for quality health care for incarcerated youth.

Objectives Met: Met Some Objectives

Program Actions

1. Educate juvenile justice health care professionals and legislators concerning the health care needs of incarcerated youth.
2. Identify state, local, and university personnel who are (or should be) involved in health care for incarcerated youth and meet to begin the process of collaboration.

Program Accomplishments: No response received.

Community Actions

1. Obtain the participation of counties in developing and implementing detention standards, and work with associations of counties.
2. Obtain the participation of counties in a statewide detention study, including a study of health care services and needs in local detention facilities.

Community Accomplishments

1. Increased awareness of the need for quality health care for incarcerated youth.
2. Began to develop collaborative working relationships.

State Actions

1. Develop a working relationship between the health department (maternal and child health staff), New Mexico Youth Authority, and the university medical school concerning health care for incarcerated youth.
2. Incorporate input from health care professionals into state advisory committees and the New Mexico Youth Authority.
3. Meet with medical school representatives to discuss access to grant funds.
4. Develop statewide detention standards that include health care.
5. Conduct a study of juvenile detention including health care needs.
6. Develop collaborative efforts among state agencies, the university, the Indian Health Service, Bureau of Indian Affairs, and Native American jurisdictions regarding health care for incarcerated Native American youth.

State Accomplishments

1. Increased awareness of the need for quality health care for incarcerated youth.
2. Began to develop collaborative working relationships to identify persons who should be involved in this process.

Current Initiatives

The Office of Juvenile Justice Program, New Mexico Youth Authority, received grant funds from the Office of Substance Abuse Prevention for improved treatment. These funds are being used to provide substance abuse treatment to youth in reintegration centers. The University of New Mexico Family Practice Center is placing medical trainees in juvenile correctional facilities.

Contact Information

Richard Lindahl
Juvenile Justice Specialist
Office of Juvenile Justice Program; New Mexico Youth Authority
435 St. Michaels Drive
Santa Fe, NM 87501
(505) 827-7545
(505) 827-7522 fax

New York

Goals

Improve the quality and access of health, education, and social services for incarcerated youth.

Goals Met: There was no survey submitted for this state.

Objectives

1. Develop a network of state agencies to work collaboratively on a statewide plan for adolescent health services.
2. Identify funding resources.
3. Establish a statewide network for monitoring services on an ongoing basis.

Objectives Met: No response received.

Program Actions

1. Establish a statewide network to review local, state, and national regulations and make recommendations for change. Include representatives from health, social services, and education.
2. Develop a referral/follow-up mechanism for youth after discharge from the criminal justice or juvenile justice system.
3. Develop a curriculum that specifically addresses the health care needs of youth in the criminal justice system.
4. Provide training, education, and technical assistance to staff working in youth facilities.
5. Develop an evaluation mechanism for monitoring program effectiveness.
6. Increase recruitment of qualified health personnel.

Program Accomplishments: No response received.

Community Actions

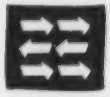
1. Establish a community advisory committee.
2. Form coalitions and advocacy groups to seek alternative resources and to lobby for new legislation.
3. Increase community awareness and linkage with other community-based health and human service organizations.

Community Accomplishments: No response received.

State Actions

1. Request additional funds to ensure provision of quality health care services.
2. Identify a state liaison to work with the various correctional systems.
3. Assess the adequacy of state-allocated funds for incarcerated youth health services (compared to funds for other youth services throughout the state).

State Accomplishments: No response received.



Current Initiatives

No response received.

Contact Information

No survey received.

North Carolina

Goals

Increase medical and mental health services available to incarcerated youth.

Goals Met: There was no survey submitted for this state.

Objectives

1. Make known the health needs of juveniles at the time they are detained.
2. Strengthen linkages between agencies serving juveniles and area mental health agencies/primary care providers.

Objectives Met: No response received.

Program Actions

1. Identify gaps in the comprehensive health care program.
2. Identify a desirable holistic health profile for each youth.
3. Establish a feedback mechanism to provide updates on missing resources to the community and the state.

Program Accomplishments: No response received.

Community Actions

1. Assess linkages that may already exist at the community level.
2. Amend community-based alternatives and juvenile justice indicators to include health statistics on juveniles.

Community Accomplishments: No response received.

State Actions

1. Compile health statistics on detained and incarcerated youth. Set up a system for routine data collection.
2. Publicize the health needs of the target group within the health community (pediatricians, medical schools, and others).
3. Develop a health care plan with policy statements.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information

No survey received.

North Dakota

Goals
Begin collaboration between the North Dakota Division of Juvenile Services and the North Dakota Division of Maternal and Child Health.

Goals Met: Met All Goals

Objectives
Ensure that division directors/representatives hold quarterly meetings to improve coordination and integration of services.

Objectives Met: Met All Objectives

Program Actions
1. Initiate assessments of the health care offered in individual agencies/institutions.
2. Review existing educational and nutritional services.
3. Share training expertise.

Program Accomplishments
Assessed level of health care offered in individual agencies/institutions.

Community Actions
1. Develop collaboration with the local public health agency, the juvenile community, private facilities, and juvenile probation staff.
2. Ascertain whether local medical and nursing schools can assist in providing shared learning experiences through preceptorships.
3. Improve utilization of staff to avoid duplication of services.

Community Accomplishments
Established collaboration with the public health agency, the juvenile community, private facilities, and juvenile probation staff.

State Actions
1. Share services offered by the state health department with individual juvenile facilities.
2. Investigate ways to improve utilization of Medicaid funds for incarcerated youth.

State Accomplishments
Scheduled routine meetings between Maternal and Child Health and Juvenile Services Division directors to discuss ways to improve coordination and integration of services.

Current Initiatives
No response received.

Contact Information

Vonnie Ereth
Community Health Nurse
State Department of Health
221 N. Fifth, P.O. Box 5503
Bismarck, ND 58502
(701) 222-6512

Ohio

Goals

Establish comprehensive health care services for all incarcerated youth.

Goals Met: Met Some Goals

Objectives

Identify specific issues.

Objectives Met: Met Some Objectives

Program Actions

Follow the results of state actions: (1) secure funding; (2) look for qualified staff to implement actions; (3) develop quality assurance/monitoring; (4) develop a managed care system; and (5) provide ongoing education/awareness activities around the state for different disciplines.

Program Accomplishments

Provided ongoing education/awareness activities in different disciplines at the state level. The Ohio Department of Health held five educational/awareness opportunities (a statewide conference called "Sharing Days" and four Regional Child Health Workshops) to promote the Children's Health Issues Program, an initiative to address health-related problems of incarcerated youth.

Community Actions

1. Follow the results of state actions.
2. Participate in a conference task force (see below).

Community Accomplishments: No response received.

State Actions

1. Hold a problem-solving conference hosted by the governor's office to raise issues and deal with problems. Invite key administrators and policymakers from the Department of Youth Services, juvenile justice system, state association leadership, Department of Youth Services Superintendents (correction facilities), state association of child advocates, Ohio Legal Rights/Attorney General's office, legislators, Ohio Department of Education-Division of Special Education, Department of Health, County Health Care Association, the state Academy of Pediatrics and Family Practice, Department of Alcohol and Drug Addiction Services, Department of Mental Health, and Department of Human Services.
2. Secure funding sources for the conference (grants, host agencies, Robert Wood Johnson Foundation, other foundations, state agencies, state auditor's office, Ohio Juvenile Justice Department, maternal and child health).
3. State the reasons for convening the meeting in compelling terms.
4. Develop a problem-solving and planning task force/work group after the initial conference to continue to work on specific issues and to ensure ongoing coordination.

5. Develop a policy for implementation at the local level.
6. Hold regional meetings for education/awareness and information sharing at state and local levels.
7. Develop procedures for access to better care.
8. Coordinate provision of specialized care.

State Accomplishments

1. Developed a policy for implementation at the local level.
2. Established a memorandum of understanding between the Ohio Department of Health, Ohio Department of Rehabilitation and Corrections, and Ohio Department of Youth Services.
3. Developed procedures for access to better care.
4. Held discussions between Ohio Department of Health and Ohio Department of Youth Services personnel concerning new procedures. (No formal proposals or procedures have been introduced to date.)
5. Established, under the leadership of the Ohio Department of Youth Services, a Statewide Networking Meeting on Offenders with Mental Retardation/Developmental Disabilities. The group, which seeks to recommend appropriate programming and services for this special population, includes participants from concerned state, city, county, and private agencies. The Ohio Department of Health participates in and strongly supports the efforts of the group, which has been meeting during the past two years.

Current Initiatives

The Children's Health Issues Program initiative promotes communication and cooperation between the criminal justice and health care systems in the state of Ohio through teaching, communication, and information sharing at confinement facilities. The project informs prerelease incarcerated parents, adults, and youth about available health clinics in their local communities that will serve their children and other family members. Parents are encouraged to access public health clinics after discharge. Incarcerated persons and their family members often lack knowledge of basic health care principles; many incarcerated adults and adjudicated youth lack information about community resources that can provide preventive health care services for their children. Compounding this problem is a lack of coordination among state health, correctional, and social service agencies which are designated to meet the needs of the incarcerated population. To promote better cooperation, a memorandum of understanding established a program policy that brought together three state agencies to improve preventive health care for children and to maximize limited resources.

Contact Information

Penny Madry
Bureau of Maternal and Child Health, Ohio Department of Health
246 N. High Street, 6th Floor
P.O. Box 0118
Columbus, OH 43266-0118
(614) 644-5332
(614) 644-9850 fax

Oklahoma

Goals

Develop a system of health care for children and adolescents in the juvenile justice system.

Goals Met: There was no survey submitted for this state.

Objectives

1. Identify the ways that health needs are being met in the juvenile justice system by June 1992.
2. Develop and implement a comprehensive system of health care by June 1993 for those in the juvenile justice system.

Objectives Met: No response received.

Program Actions

1. Identify appropriate tools to assess problems.
2. Identify key people to participate in a meeting (see below).
3. Explore funding sources.

Program Accomplishments: No response received.

Community Actions

1. Continue development of the subcommittee on child and adolescent health issues.
2. Involve the Planning and Coordinating Council (1729) to instruct district and regional planners to amend the institute.

Community Accomplishments: No response received.

State Actions

1. Convene a group to analyze existing systems by September 1991. Groups should include the chief examiner, chair of the Permanency Planning Task Force, Department of Mental Health, Child Services, Department of Health, Oklahoma State Department of Health, Juvenile Bureaus, Council for Juvenile Justice, and the Planning and Coordinating Council (1729).
2. Develop a plan of action according to the committee's recommendations.

State Accomplishments: No response received.

Current Initiatives

No response received.

Oregon

Goals

Establish statewide standards equivalent to those of the National Commission on Health Care for Correctional Facilities.

Goals Met: Met Some Goals

Objectives

1. Establish coordination between Juvenile Justice Programs and the Health Division.
2. Ensure countywide implementation of coordination.

Objectives Met: Met Some Objectives

Program Actions

1. Implement the changes necessary to comply with established standards and guidelines.
2. Maintain standards on a daily basis for monitoring purposes.

Program Accomplishments

1. Initiated formal collaboration between the State Commission on Children and Families and the Health Division.
2. Identified specific work groups to assist in developing special programs.

Community Actions

1. Implement standards and guidelines established by the State Commission on Children and Families and the Health Division.
2. Identify training and technical assistance needs.
3. Establish coordination between juvenile departments and county health departments.
4. Involve county health officials and juvenile departments and directors of associations.

Community Accomplishments

1. Initiated coordination between juvenile departments and county health departments.
2. Appointed a local health administrator to the state advisory group.
3. Began monitoring juvenile detention facilities with the assistance of local health departments.

State Actions

1. Delineate the roles between the Health Division and the State Commission on Children and Families.
2. Adopt standards and guidelines through the administrative rules process.
3. Establish a work group.
4. Mandate that the state Health Division include monitoring of juvenile detention facilities in its county reviews.
5. Establish provisions for technical assistance, including training and financial resources.

State Accomplishments

1. Incorporated health care issues as part of the juvenile justice agenda.
2. Began to identify common data elements in youth institutions and youth services programs.
3. Developed a process for planning that will include local health officials.

Current Initiatives

The current initiatives of the State Commission on Children and Families are the Girls and Young Women's Project, Minority Youth Initiative, and Teen Pregnancy Benchmark.

Contact Information

Gina Wood
Manager, Juvenile Justice Programs
State Commission on Children and Families
800 N.E. Oregon Street, Suite 550, No. 13
Portland, OR 97232
(503) 373-1283
(503) 378-8395 fax

Pennsylvania

Goals

Improve the health of adolescents involved with the juvenile justice system.

Goals Met: Met Some Goals

Objectives

Objectives Met: No response received.

Program Actions

No response received.

Program Accomplishments: No response received.

Community Actions

No response received.

Community Accomplishments: No response received.

State Actions

No response received.

State Accomplishments: No response received.

Current Initiatives

University of Pittsburgh Graduate School of Public Health has worked with the Allegheny County Juvenile Court Detention Center on the pilot project to implement violence prevention strategies with residents and to implement the staff training program. The detention center has also established an information-sharing link with the Education Development Center, Inc., in Massachusetts, concerning adaptation of curriculum materials for use in the Department of Health.

Contact Information

Kenneth Jaros, M.S.W., Ph.D.
Assistant Professor of Public Health Social Work
Graduate School of Public Health; 222 Parran Hall
University of Pittsburgh
Pittsburgh, PA 15261
(412) 624-3102
(412) 624-3146 fax

Puerto Rico

Goals

Improve primary services at residential facilities and secure other services from health agencies or programs.

Goals Met: There was no survey submitted for this territory.

Objectives

1. Actualize service evaluations by health experts.
2. Establish a coordination system that facilitates exchange of information and services.

Objectives Met: No response received.

Program Actions

1. Petition the health department to evaluate health services at residential facilities.
2. Prepare a corrective action plan based on the recommendations.
3. Allocate the resources to implement the corrective action plan.

Program Accomplishments: No response received.

Community Actions

No response received.

Community Accomplishments: No response received.

State Actions

1. Ask the health and welfare council at the governor's office to appoint a task force to discuss the special health needs and possible service alternatives for incarcerated youth. All related agencies and programs should be represented.
2. Promote discussion and decision making on (a) who should provide the services; (b) who should fund them; (c) how they should be funded; and (d) what they should include.
3. Contact funding experts to explore funding possibilities for special projects.
4. Contact the Heath Commissions of the Senate and the House of Representatives to share information on the subject.

State Accomplishments: No response received.

Current Initiatives

No response received.

Rhode Island

Goals

Improve health care for all incarcerated youth.

Goals Met: Met All Goals

Objectives

1. Provide information and education to improve communication between the juvenile corrections system and the courts.
2. Improve the mental health status of incarcerated youth, with emphasis on substance abuse/drug dealing.
3. Improve education for staff and residents who require medical staff accreditation by the National Commission on Correctional Health Care.

Objectives Met: Met All Objectives

Program Actions

1. Arrange a meeting between the courts and the juvenile corrections staff.
2. Continue program monitoring by the Medical Advisory Committee.
3. Establish a subcommittee of the Medical Advisory Committee to concentrate on he
   and substance abuse.
4. Improve dental care for incarcerated youth by increasing their access to der

Program Accomplishments

1. Established better cooperation between the Rhode Island Family Court and the juvenile corrections system. The court is more aware of the necessity for reviewing health care with the Department for Children, Youth, and Families.
2. Developed more community-related education programs.

Community Actions

1. Enhance public relations within the community.
2. Study the environment from which the youth come and to which they return.
3. Continue medical care for the youth after their release.
4. Involve parents in policy and program decisions.

Community Accomplishments

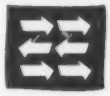
1. Established better cooperation between the Rhode Island Family Court and the juvenile corrections system. The court is more aware of the necessity for reviewing health care with the Department for Children, Youth, and Families.
2. Developed more community-related education programs.

State Actions

1. Offer education about mental health child advocacy services.
2. Hold informational meetings.
3. Enhance public relations.
4. Address staffing needs for medical nursing.

State Accomplishments

1. Established better cooperation between the Rhode Island Family Court and the juvenile corrections system. The court is more aware of the necessity for reviewing health care with the Department for Children, Youth, and Families.
2. Developed more community-related education programs.



Current Initiatives

The Rhode Island Family Court is attempting through law-related education programs to inform juveniles about all of the various health services available (type, name, address, hours).

Contact Information

Jeremiah S. Jeremiah, Jr.
Chief Judge of Family Court
Rhode Island Family Court
One Dorrance Plaza
Providence, RI 02903
(401) 277-3310

South Carolina

Goals

1. Exert an impact on the probable consent negotiations between the plantiff's attorney and the Department of Youth Services.
2. Develop and implement health care standards for the new regional detention centers that are required by state law after January 1, 1991.

Goals Met: There was no survey submitted for this state.

Objectives

1. Seek to involve health service agencies in a coordinated effort to provide assistance and counsel to the Department of Youth Services and the Attorney General's office.
2. Formulate an overall state plan, county by county, and provide direct consultation services to clusters of counties to address the mandated removal of jails and lockups by January 1, 1992.

Objectives Met: No response received.

Program Actions

Provide data from the Tri-Regional Workshop on Health Care of Incarcerated Youth to appropriate representatives at the Department of Youth Services and offer assistance in developing revised health care standards.

Program Accomplishments: No response received.

Community Actions

1. Engage the services of consultants by May 15, 1991, and adopt a state plan within three months.
2. Provide local plans for county government approval within six months.

Community Accomplishments: No response received.

State Actions

Monitor the progress of the Department of Youth Services consent agreement and coordinate the state agencies that will be assisting local jurisdictions in establishing health care clinics for regional detention centers.

State Accomplishments: No response received.

Current Initiatives

No response received.

South Dakota

Goals

Improve the health care services for youth in South Dakota's juvenile correction facilities.

Goals Met: Met Some Goals

Objectives

1. Conduct a self-assessment of facility compliance with the American Corrections Association or National Commission on Correctional Health Care standards by July 1, 1992.
2. Begin to address deficiencies identified in the self-assessment through interagency collaboration with the Department of Corrections, Department of Health, Department of Human Services, and other appropriate agencies.

Objectives Met: Met Some Objectives

Program Actions

Design and implement a health standards compliance assessment by juvenile facilities with the assistance of the Department of Corrections (Office of the Secretary).

Program Accomplishments

Developed and began to implement health policies at all three juvenile facilities, based on the American Corrections Association standards.

Community Actions

No response received.

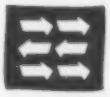
Community Accomplishments: No response received.

State Actions

Identify the issue of health care for incarcerated youth as a high priority so that appropriate resources are allocated to addressing the issue.

State Accomplishments

Established communication links with the Department of Corrections and Department of Human Services. The Department of Corrections must continue to identify needs prior to seeking assistance from the other departments.



Current Initiatives

The Department of Corrections and the Policy Development Committee are working on health policies and procedures. The Department of Corrections is also working on HIV/AIDS policy for juvenile corrections institutions.

Contact Information

Kevin McLain
Special Assistant
Department of Corrections
523 E Capitol, Suite 405
Pierre, SD 57501
(605) 773-3478

Tennessee

Goals

Develop a methodology for continuing all health care delivery while youth are in custody at both local and state levels.

Goals Met: Met Some Goals

Objectives

Share medical, psychological, and behavioral records.

Objectives Met: Met Some Objectives

Program Actions

1. Share examples of medical clearance/screening forms as well as medical protocols between state and local facilities.
2. Select three local courts and one state facility to serve as a model for one year, and expand the model to include other courts at the end of this period.
3. Develop forms and protocols to fill identified gaps.
4. Target Williamson, Davidson, and Giles counties.

Program Accomplishments

Developed new forms and protocols.

Community Actions

1. Review and redesign forms and protocols, with assistance from the health department, to meet the recognized need for consistent documentation that will benefit incarcerated youth.
2. Expand utilization of local public and private health care providers in order to decrease the per capita health costs for incarcerated youth.

Community Accomplishments

Implemented the new Children's Plan which enabled the Division of Youth Services to obtain more funding to share medical information and provide continuing health care.

State Actions

1. Expand initiatives to include two additional regions of the state, thus including all 29 local detention centers and four state training schools at the end of the trial program.
2. Continue the Youth Advisory Board which comprises 15 state agencies.

State Accomplishments

Received additional funding that allowed the Division of Youth Services to benefit from Medicaid support for ongoing health care delivery services.

Current Initiatives

The current initiatives of the Division of Youth Services include providing hepatitis screening for all youth upon entry. A comprehensive AIDS education program is required for every youth during the period of incarceration, and a vigorous immunization program is being pursued with the cooperation of the local health department.

Contact Information

Mary Yunker
Health Administrator
Division of Youth Services; Tennessee Department of Youth Development
2601 Brittan Court
Nashville, TN 37206
(615) 741-1384

Texas

Goals

Improve the quality of health care services for detained and incarcerated youth.

Goals Met: Met Some Goals

Objectives

Improve access to mental health services and substance abuse treatment and education/vocational training for detained and incarcerated youth.

Objectives Met: Met Some Objectives

Program Actions

1. Determine to what extent the University of Texas Health Science Center at San Antonio program initiative meets the standards set forth by the National Commission on Correctional Health Care.
2. Continue to provide adequate health care for detained and incarcerated youth.

Program Accomplishments

1. Provided access to medical care for incarcerated youth by utilizing physicians from the University of Texas Health Science Center at San Antonio, Department of Pediatrics, Division of Community Pediatrics and Adolescent Medicine. Incarcerated youth are examined and treated during medical call on a daily basis. Adjudicated youth on probation receive health care on an outpatient basis as needed via university health clinics. Psychosocial services and substance abuse treatment are provided to the youth by allied health professionals who are faculty members at the health science center or under contract to provide services.
2. Accomplished several improvements in the quality and quantity of health care services for detained youth, including development of a reproductive health and sexually transmitted diseases health clinic within the facility.
3. Initiated planning for coordination of primary care and substance abuse treatment services between detention and incarceration facilities.

Community Actions

1. Encourage similar agencies to maintain contact with each other by meeting quarterly and developing a newsletter.
2. Encourage concerned agencies to participate in a community consortium sponsored by the Texas Juvenile Justice Coalition.

Community Accomplishments

Developed a community consortium to deal with multiproblem cases. This group of service providers includes representatives from state, local, county, and city governments, as well as caregivers and representatives of educational agencies.

State Actions

1. Promote leadership of the Texas Juvenile Justice Coalition by the advisory agency for juvenile matters.
2. Identify statewide efforts directed toward juvenile justice matters and compile a list of resource agencies.
3. Reaffirm existing relationships with state legislators in order to keep informed of current issues and maintain high visibility.
4. Utilize the Texas Juvenile Justice Coalition as a clearinghouse for information concerning the juvenile justice system.

State Accomplishments

Coordinated consortiums in different areas of the state, with assistance from the Texas Juvenile Justice Coalition. The University of Texas Health Science Center at San Antonio, in association with this project, has brought to light the need for partnerships between academic institutions; and state, local, and county agencies that deliver services to incarcerated youth.

Current Initiatives

The program initiatives of the University of Texas Health Science Center at San Antonio, Department of Pediatrics, are described in the paper by Setzer, Scott, Balli, et al. (1992) in the *Journal of Jail and Prison Health*. A mental health aftercare component is being added to the program.

Contact Information

Jakim Balli, M.S.W.
Research Instructor
UTHSC at San Antonio; Department of Pediatrics
7703 Floyd Curl Drive
San Antonio, TX 78284-7818
(512) 692-3641
(512) 692-3650 fax

Jean R. Setzer, Ph.D.
Planner/Evaluator
Integrated Community-based Primary Care and Drug Abuse Treatment;
Bexar County Juvenile Detention Center
7703 Floyd Curl Drive
San Antonio, TX 78284-7818
(512) 692-3641
(512) 692-3650 fax

Utah

Goals

Improve coordination of health care services provided to incarcerated youth within the state.

Goals Met: There was no survey submitted for this state.

Objectives

Use the current computerized juvenile information system to develop a health care tracking system component by accomplishing the following:

1. Meet with Division of Youth Corrections research, evaluation, and planning staff to discuss the design of a plan for medical information.
2. Determine the type of health care services information to be maintained.
3. Meet with legal advisors for the state Attorney General's office to discuss legal concerns.
4. Determine budget needs and revenue sources.
5. Design a research component to consider (a) the effectiveness of the system in reducing duplication of services; (b) improved coordination of services; (c) improved data collection; and (d) identification of unmet health care needs.
6. Provide training on data entry to Division of Youth Corrections and health staff.

Objectives Met: No response received.

Program Actions

No response received.

Program Accomplishments: No response received.

Community Actions

No response received.

Community Accomplishments: No response received.

State Actions

No response received.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information

No survey received.

Virgin Islands

Goals

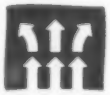
Develop an information network to ensure that incarcerated youth receive proper health care services.

Goals Met: There was no survey submitted for this territory.

Objectives

1. Create a task force including representation from juvenile justice, health care, government, private enterprise, community organizations and advocacy groups, education, and the media.
2. Increase public awareness through dissemination of information, especially through media sources (radio, television, newspaper).

Objectives Met: No response received.



Program Actions

1. Ensure understanding of a common mission for all involved in the task force.
2. Create linkage by identifying contacts within regions.
3. Gather information about standards and the accreditation program.
4. Gather information about all possible funding sources.
5. Devise strategies for improving working conditions and training programs for health care and juvenile justice personnel.

Program Accomplishments: No response received.

Community Actions

1. Use media to impress upon the community the magnitude of the problem, which includes: (a) lack of good health care; (b) minority over-representation in the juvenile justice system; (c) inadequate juvenile justice facilities; (d) reduced access to other services (isolation); and (e) understanding of the world of the troubled youth.

Community Accomplishments: No response received.

State Actions

1. Educate the governor's office, legislators, and other government officials about the task force, its functions, and its recommendations.
2. Gain access to all possible state funding sources.
3. Establish ongoing linkage through national and regional meetings to gather and share new information and to discover programs that have worked in other areas.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information

No survey received.

Virginia

Goals

Improve the health care of incarcerated youth.

Goals Met: Met All Goals

Objectives

No response received.

Objectives Met: No response received.

Program Actions

1. Attempt to place a youth services representative on the Governor's Task Force on Children's Health.
2. Increase and systematize the use of local (county) health department staff to provide relevant health education programs and materials to clients in juvenile justice facilities. Attempt to implement this effort as a formal activity at the state level.
3. Reexamine the Medicaid coverage issue for the population, especially as the state moves to more community-based treatment programs. The state is renegotiating the interagency agreement with agencies responsible for mental health, youth and family service, and education, as well as with other agencies.
4. Use the interagency consortium approach to identify a flexible pool of resources (found in a study mandated by the legislature).
5. Continue use by juvenile justice health programs of relevant portions of the John Hopkins University training manual for health assessments.

Program Accomplishments

Began to use the Johns Hopkins University training manual.

Community Actions

No response received.

Community Accomplishments: No response received.

State Actions

No response received.

State Accomplishments

Placed a representative from the Department of Youth and Family Services on the Governor's Task Force on Child Health.

Current Initiatives

No response received.

Contact Information

Patricia N. Reams, M.D.
Chief Physician
Department of Youth and Family Services
P.O. Box 3AG
Richmond, VA 23208-1108
(804) 746-2135

Mary M. Carpenter
Maternal and Child Health Social Work Director
Virginia Department of Health
P.O. Box 2448
Richmond, VA 23218
(804) 786-7367

Washington

Goals

Improve collaboration and communication between the systems in this state that have an impact on the care of incarcerated youth, including Child Protective Services, Maternal and Child Health, Bureau of Alcohol and Substance Abuse, juvenile justice system, and Department of Family and Youth Services.

Goals Met: Met Some Goals

Objectives

1. Introduce/identify the health representative from the Juvenile Justice Advisory Committee to other health professionals in the system.
2. Increase communication among systems, including county detention and state facilities, maternal and child health, mental health, medical systems, and drug and alcohol treatment systems.

Objectives Met: Met Some Objectives

Program Actions

1. Increase awareness of national standards at the county and state level.
2. Ensure that national standards are made available to key people in the systems noted above.
3. Improve collaboration between internal systems including the legal, medical, mental health, drug and alcohol, and corrections systems.

Program Accomplishments

1. Contacted several state MCH adolescent health care directors.
2. Explored funding options using Medicaid funding for "off campus" medical consultations; decided on a plan to use the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program and funding.
3. Initiated uniform recordkeeping which improved communication.

Community Actions

No response received.

Community Accomplishments

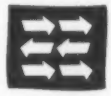
1. Presented at the annual Juvenile Rehabilitation Conference on Health Care.
2. Contacted MCH programs for pregnant teens through the University Adolescent Program.

State Actions

1. Improve coordination between the eastern and western areas of the state concerning implementation of national standards which will be discussed at the annual state meeting.
2. Increase attendance by members of the identified systems at the annual Division of Juvenile Rehabilitation conference.
3. Hold a meeting at which health care providers from Maternal and Child Health and the Department of Youth Services can share information about their respective systems.

State Accomplishments

1. Met with the staff of the Governor's Juvenile Advisory Committee to discuss the possibility of having a health representative on the committee.
2. Met with the Medical Director of the State Division of Juvenile Rehabilitation to discuss collaboration with local public health and MCH providers.
3. Publicized/advocated for the incarcerated youth publication (*Hard Time, Healing Hands: Developing Primary Health Care Services for Incarcerated Youth*) at appropriate meetings.
4. Increased attendance by members of different provider groups at the annual Division of Juvenile Rehabilitation conference.
5. Held a meeting at which health care providers from Maternal and Child Health and the Division of Children, Youth, and Family Services shared information about their respective systems.
6. Wrote a chapter in *Hard Time, Healing Hands: Developing Primary Health Care Services for Incarcerated Youth*, recommending practical ways of contacting and utilizing more MCH services.



Current Initiatives

Parent-Child Health Services, Bureau of Parent and Child Health, has worked to coordinate with the Division of Juvenile Rehabilitation to improve services for adolescents in the state juvenile justice system. A major initiative is to provide training to public health nurses so that they can perform the EPSDT screening and bill for reimbursement of services under Title XIX of the Medicaid provisions. Once this training is established, access to health services for adolescents in the detention system will improve. The University of Washington, Department of Pediatrics, is presently serving three of five state institutions. (Those not served have logistics problems.)

Contact Information

Judy Schoder, R.N., M.N.
Public Health Nurse Consultant
Parent-Child Health Services; Bureau of Parent & Child Health
P.O. Box 47885
Olympia, WA 98504-7885
(206) 586-1255

Robert W. Deisher, M.D.
Department of Pediatrics; Child Development Center, WJ-10
University of Washington School of Medicine
Seattle, WA 98105
(206) 685-1274

James W. Owens, M.D., M.P.H.
Medical Director
Division of Juvenile Rehabilitation; Echo Glen Children's Center
33010 S.E. 99th St.
Snoqualmie, WA 98065
(206) 888-9797

West Virginia

Goals

Improve the health care of incarcerated youth.

Goals Met: Met Some Goals

Objectives

No response received.

Objectives Met: Met Some Objectives

Program Actions

1. Continue staff-level meetings between child health and juvenile justice staff members (initiated at the triregional workshop).
2. Contact recently formed Governor's Task Force on Children, Youth, and Families at the next scheduled meeting to include within the plan the special health needs of youth in the state's juvenile justice facilities, in order to have a flexible funding pool for children's early intervention services in the state.
3. Pursue, through the efforts of the state's juvenile justice authorities, the adoption of model health standards for incarcerated youth as developed by the National Commission on Correctional Health Care; the health department will advocate for this initiative and provide technical assistance as appropriate.
4. Explore possible collaboration between juvenile justice and health staff members in order to develop staff training and orientation for new juvenile justice facility nursing personnel by realistically addressing the specific needs of these staff members as well as issues such as staff burnout and the skills needed to deal effectively with this population.
5. Provide assistance through the health department to improve the admission/health history process for youth committed to juvenile justice facilities.

Program Accomplishments

1. Continued to hold meetings between Department of Health and Human Resources staff and the corrections staff.
2. Contacted members of the Governor's Task Force on Children, Youth, and Families, informed them of the problems encountered in dealing with the health care issues of incarcerated youth, and asked their assistance in lobbying for a revision in the current Medicaid exclusion law.
3. Asked state authorities to adopt health care standards and to provide appropriate training.
4. Worked with the Department of Health and Human Resources to improve access to health records.
5. Coordinated activities between the Division of Maternal and Child Health, the detention centers, and the Department of Human Services. Improved communication flow between agencies.
6. Met with key personnel at the detention centers and correction facilities and discussed concerns about health care issues, clarified roles and responsibilities, and offered assistance in obtaining materials.

Community Actions

No response received.

Community Accomplishments

1. Adopted the National Commission on Correctional Health Care standards for health services in juvenile confinement facilities.
2. Wrote numerous letters to state officials and politicians to inform them of the problems encountered and the ways in which they could assist.
3. Presented a five-part series on adolescent health care to the staff at the Davis Center correctional facility.
4. Helped detention centers become familiar with the health system staff members who might assist in developing their health programs.
5. Shared copies of handbooks on health care for child care workers with the directors of three state-operated detention centers; these handbooks will be used in staff training.

State Actions

No response received.

State Accomplishments

1. Discussed the need for health staff to attend in-service education with state officials.
2. Discussed with supervisor the State Action Plan developed at the workshop.

Current Initiatives

The Davis Center-Division of Corrections is informing all staff (officers, teachers, cooks, other staff members) about the role of health care in addressing the needs and problems of the juveniles served by the Davis Center. In addition, the *Handbook on Adolescent Health*, published by the Maryland Department of Health and Mental Hygiene (1989) is being used as a curriculum guide. The Davis Center plans to implement an immunization program, and has been stressing health education for staff and residents on issues such as sexually transmitted diseases, AIDS, vital signs, basic first aid, and infant care.

The Department of Health and Human Services reported that each facility director is working to locate health care professionals including physicians, nurse practitioners, and other professionals to establish an on-site clinic at each facility. The facility directors also have worked with staff from Maternal and Child Health to obtain equipment and supplies for their facilities.

Contact Information

Diane L. Hinkle
Registered Nurse
Davis Center-Division of Corrections
Blackwater Falls Road
Davis, WV 26260
(304) 259-5241

Jeanne Matics
Director Pediatric Program
Division of Maternal & Child Health; West Virginia Department of Health and Human Resources
1411 Virginia Street
East Charleston, WV 25301
(304) 348-5388

Susan C. Salmons
Program Specialist
West Virginia Department of Health and Human Resources; Office of Social Services
3135 16th Street Road
Huntington, WV 25701-9985
(304) 528-5800

Wisconsin

Goals

Develop a plan to improve total health care services, including medical and mental health services, for youth in correctional institutions; these services currently are provided by two separate agencies.

Goals Met: Met Some Goals

Objectives

1. Implement collaboration among the Corrections, Social Services, and Health Departments concerning medical and mental health services in order to develop an action plan to improve these services.
2. Combine health and mental health records into one record.

Objectives Met: Met Some Objectives

Program Actions

1. Obtain information on standards for combining health and mental health records.
2. Convene a meeting of identified staff in each department (at division and bureau levels) to discuss the fragmentation of health system funding and service delivery in correctional institutions. Develop an action plan to address these issues.
3. Meet with the secretaries of the appropriate departments to obtain their endorsement of the plan.

Program Accomplishments

1. Acquired information on the standards for combining health and mental health records.
2. Convened a meeting of identified staff in each department at the division and bureau levels to discuss fragmentation of health system funding and service delivery in correctional institutions.

Community Actions

Involve private agencies that provide aftercare in efforts to advocate for improved institutional services.

Community Accomplishments: No response received.

State Actions

Involve key legislators in efforts to initiate appropriate legislation (if necessary).

State Accomplishments: No response received.

Current Initiatives

The Wisconsin Bureau of Correctional Health is recruiting and hiring quality staff, identifying staff training needs, and educating juveniles about health issues.

Contact Information

Gloria J. Thomas
Assistant Chief, Nursing and Auxiliary Services
Wisconsin Bureau of Correctional Health
149 E .Wilson Street
Madison, WI 53707-7925
(608) 267-1731
(608) 267-0923 fax

Armond H. Start, M.D., M.P.H.
Associate Professor
HS-Med, Rm 3839; Family Clinic/Wingra Center
777 S. Mills Street
Madison, WI 53715
(608) 263-1326
(608) 263-5813 fax

Wyoming

Goals

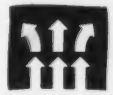
Coordinate resources and services between the Department of Family Services and the Department of Health.

Goals Met: No response received.

Objectives

1. Review current activities in children's institutions and health programs affecting youth.
2. Determine coordinated desired outcomes.

Objectives Met: No response received.



Program Actions

1. Link programs in the Department of Family Services with programs in the Department of Health.
2. Identify those who have specific responsibilities for the health care of incarcerated youth, and define ways to work cooperatively.

Program Accomplishments: No response received.

Community Actions

Develop networks with residential and group homes, regional mental health units, and public health providers.

Community Accomplishments: No response received.

State Actions

Convene a workshop/meeting that will include department directors, superintendents, and state program managers.

State Accomplishments: No response received.

Current Initiatives

No response received.

Contact Information

No survey submitted.

MCHB
Maternal and Child Health Bureau

FOLLOW-UP SURVEY TO THE TRI-REGIONAL WORKSHOP ON THE HEALTH CARE OF INCARCERATED YOUTH

This survey is a follow-up to the ***Tri-Regional Workshops on the Health Care of Incarcerated Youth*** which were funded by the Maternal and Child Health Bureau (MCHB). Your responses, along with all of the other responses to this survey, will be compiled into a report by the National Center for Education in Maternal and Child Health in conjunction with MCHB. You will be sent a copy of the report when it is completed. Your cooperation in providing this information will contribute to the development of an information database which will be used by MCHB as a basis for allocation of resources to this critically underserved population.

Name of Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Person who completed questionnaire:

Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( )_____ Fax: ( )_____

Date Completed: _____

Instructions for completing this survey: Answer only those elements that apply to your program. Information documented should reflect data on all children within your program whether adjudicated or not who fall within the purview of the juvenile justice system. If you have any questions when completing the this survey, please call Paula Sheahan at NCEMCH, (703) 524-7802. Please return this survey by **March 13, 1992**, in the enclosed envelope to Paula Sheahan, NCEMCH, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617, Fax: (703) 524-9335.

1. State Action Plans developed at regional meeting

Please refer to your State Action Plan located in the *Health Care of Incarcerated Youth: Report from the Tri-Regional Workshops*, pages 159–248.

A. Did you meet the goals stated in your State Action Plan?

☐ Met All Goals ☐ Met Some Goals ☐ Did Not Meet Any Goals

B. What barriers were encountered in meeting these goals? Rank 1 as the most frequently occurring barrier. Please list only one barrier per line.

Barrier	*Rank*
_____	1
_____	2
_____	3
_____	4
_____	5

C. Did you meet the objectives stated in your State Action Plan?

☐ Met All Goals ☐ Met Some Goals ☐ Did Not Meet Any Goals

D. What barriers were encountered in meeting these objectives. Rank 1 as the most frequently occurring barrier. Please list only one barrier per line.

Barrier	*Rank*
_____	1
_____	2
_____	3
_____	4
_____	5

E. What actions or objectives stated in your State Action Plan have been accomplished at the program level?

_____

_____

_____

_____

_____

_____

F. What actions or objectives stated in your State Action Plan have been accomplished at the community level?

_____

_____

_____

_____

_____

_____

G. What actions or objectives stated in your State Action Plan have been accomplished at the state level?

_____

_____

_____

_____

_____

_____

2. Sources of Funding

A. What were the principal sources of funds dedicated to the health care of children in the juvenile justice system in Calendar Year '91? Please estimate the proportion that came from each source below. (If this information is not known, Check here: ____)

Percent (%)	*Source of Funds*
_____	Grants, awards from the State (e.g., MCH Block Grant, general state funds)
_____	City, county, or other local government funds
_____	Direct Federal revenues (e.g., SPRANS projects, 330 funds, federal grants)
_____	Third party reimbursement (e.g., private or other insurance, Medicaid)
_____	Private sources (e.g., foundations, donations, corporate contributions, parents)
_____	Other (please specify: _____)
TOTAL = 100%	

3. Primary Health Care Services

A. Describe your target population of children (check all that apply):

Age: ☐ under 10 ☐ 10–12 ☐ 13–15 ☐ 16–18 ☐ over 18

Sex: ☐ male ☐ female

Other information describing your population:

_____

_____

_____

B. List in rank order of importance the five (5) leading health problems faced by children in the juvenile justice system. Please list only one problem per line. Rank 1 as the most important.

Problem	*Rank*
_____	1
_____	2
_____	3
_____	4
_____	5

C. Providers of Primary Health Care Services to Juvenile Justice Population

Who are the principal providers of primary (acute episodic and health supervision) and specialty care (outpatient treatment and follow up of significant problems identified) to children in your target population? Please rank them according to which provider serves the most children in your target population (1=serves the most, 2=second most, 3=third most, etc.)

	Primary Care (rank)	*Outpatient Specialty Care (rank)*
Health Department Clinics	_____	_____
Community Health Centers	_____	_____
Public Hosp Outpatient Depts	_____	_____
Private Hosp Outpatient Depts	_____	_____
Private Pediatricians	_____	_____
Private Family or General Practice	_____	_____
Health Maintenance Orgs	_____	_____
University/Medical School Depts	_____	_____
Other: _____	_____	_____

D. Barriers in the Current System of Primary Health Care

List in rank order of frequency, the five leading barriers to providing primary health care to children in the juvenile justice system. Rank 1 as the most frequently occurring barrier. Please list only one barrier per line.

Barrier	*Rank*
_____	1
_____	2
_____	3
_____	4
_____	5

E. Please describe your current initiatives aimed at improving the health care of children served by your organization. In addition, please submit products or materials (i.e., pamphlets, publications, posters) or attach copies of proposals or reports which describe your programs.

_____

_____

_____

_____

_____

_____

4. Anything Else?

Is there anything else you would like to tell us about the health care of children in the juvenile justice system in your state? Attach additional sheets of paper as necessary.

_____

_____

_____

_____

_____

_____

Thank you for taking the time to participate in this survey. We hope that the results of the survey will prove useful to you in your efforts to serve children in the juvenile justice system.

National Center for Education
in Maternal and Child Health

MCHB

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